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# Social Security Bulletin

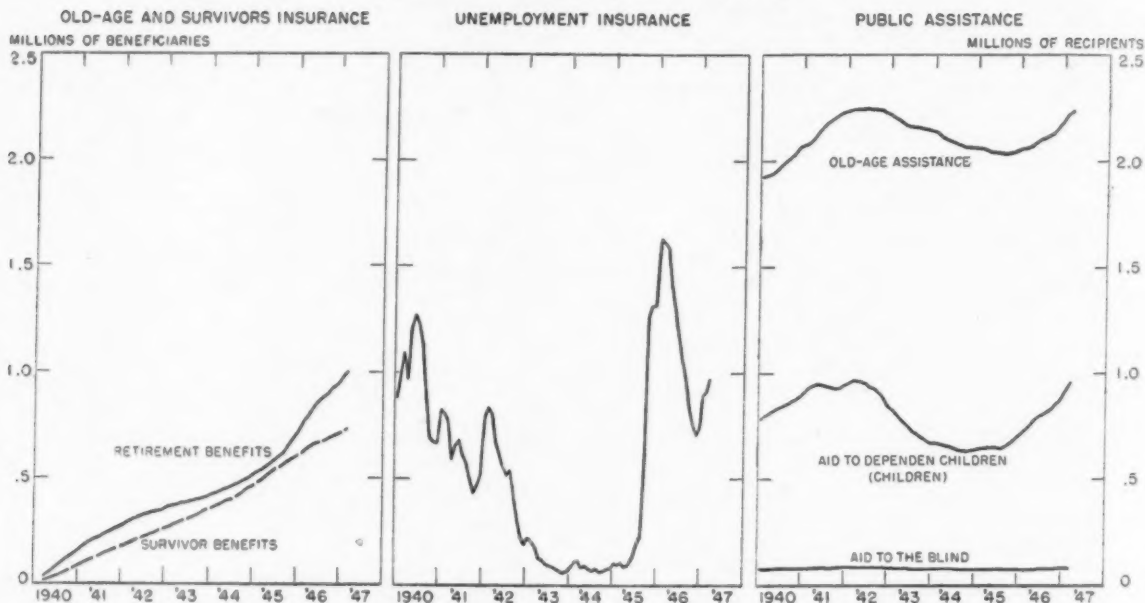
May 1947  
Vol. 10 No. 5

*Medical Services Under  
Prepayment Arrangements, Trinity Hospital  
Social Security in Chile*

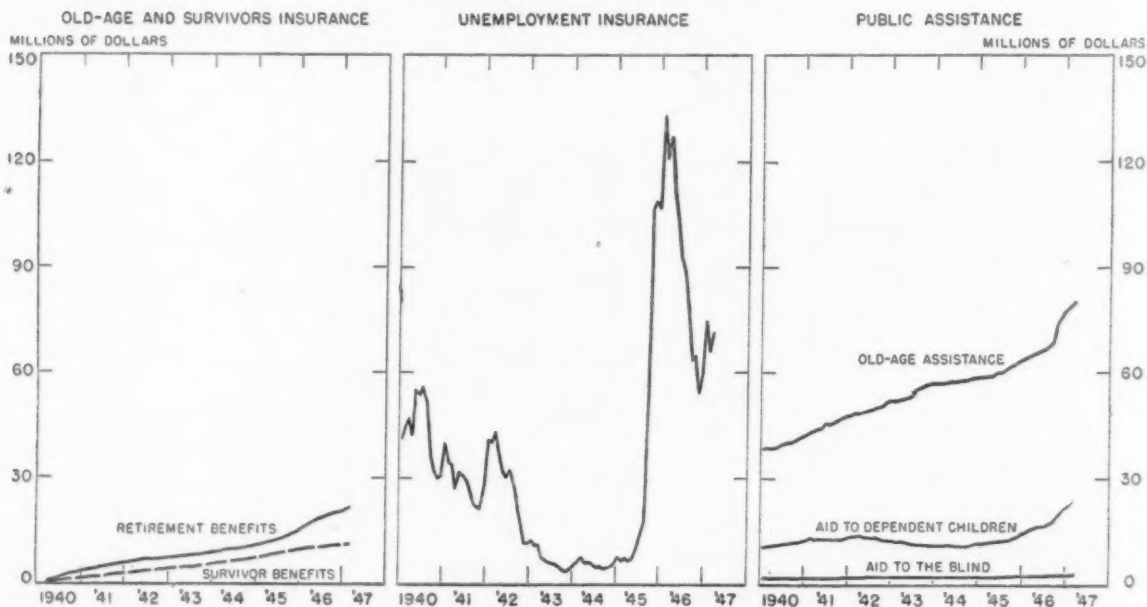
FEDERAL SECURITY AGENCY  
SOCIAL SECURITY ADMINISTRATION  
WASHINGTON, D. C.

# Social Security Operations\*

## INDIVIDUALS RECEIVING PAYMENTS



## SOCIAL SECURITY PAYMENTS



\*Old-age and survivors insurance, beneficiaries actually receiving monthly benefits (current-payment status) and amount of their benefits during month; unemployment insurance, average weekly number of beneficiaries for the month and gross benefits paid during the month under all State laws; public assistance, recipients and payments under all State programs.



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# Social Security Bulletin

Volume 10

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Number 5

## Social Security in Review

### The Month of April

Economic activities continued on a high level in April: the output of motor vehicles fluctuated around 100,000 a week; production of steel ran 85 percent above the prewar level; consumption of electric power and oil was 25 percent above 1943 figures. The same month, however, brought certain symptoms of increasing economic difficulties and frictions. The number of commercial failures—although still very low in relation to the 1930's—had tripled in comparison with those in the same month of the preceding year. Currency in circulation did not increase between April 1946 and April 1947 as much as prices did over the same period. Department-store sales were still high, but their volume was less than in 1946, with correction for the rise in prices during the 12 months. The main source of the growing difficulties is believed to be the resistance of consumers to inflated prices.

In April, efforts were made to ease the situation. The Council of Economic Advisers and the President recommended voluntary cuts in prices by producers and distributors. Labor and management reached agreements in wage disputes in some key industries, on the basis of a moderate raise in hourly wage rates. Thus, simultaneously with partial cuts in prices the purchasing power of workers is being bolstered. The readjustments are not universal but may be regarded as straws in the wind, showing the direction in which the leading forces of the Nation are going in their search for a solution of pending difficulties, before these difficulties develop into a general set-back.

Despite the increasing friction, the economic system was still operating in April on the full-employment level. Unemployment—estimated by the Bureau of the Census at 2.4 million at the beginning of April—was predom-

inantly seasonal and frictional. But there were definite indications that the influx of job seekers was greater than could be explained by seasonal factors. For the first time in 1947, the weekly numbers of initial and waiting-period claims exceeded those in the same weeks of 1946. The comparable data for the 4 weeks ended in March and the 4 weeks ended in April are shown in the accompanying table.

The jump in initial and waiting-period claims in April of both years was due to seasonal and administrative factors (including the beginning of a new benefit year in several States), but the rise in 1947 was con-

spicuously larger than that in 1946. It is worth mentioning, also, that the

### Weekly number of claims for unemployment insurance benefits in March and April, 1946 and 1947

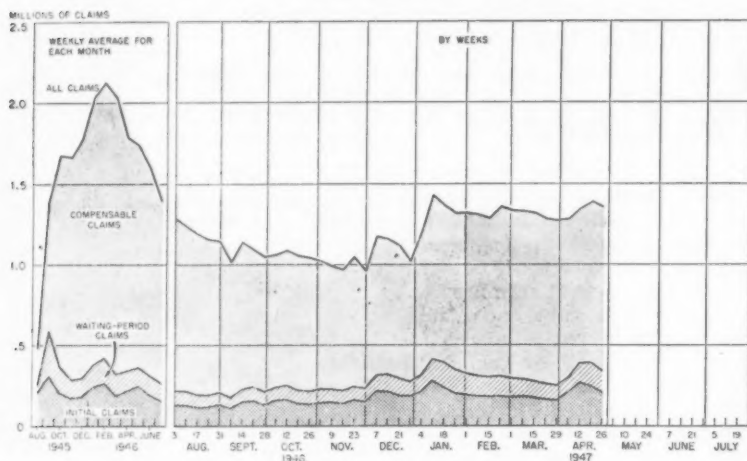
[In thousands]

Month and week	Initial		Waiting-period		Compensable	
	1946	1947	1946	1947	1946	1947
March						
1st week.....	197	183	155	107	1,778	1,041
2d week.....	195	171	146	105	1,739	1,044
3d week.....	175	103	116	97	1,664	1,023
4th week.....	163	159	118	91	1,594	1,010
April						
1st week.....	257	210	100	89	1,496	983
2d week.....	239	269	130	119	1,459	957
3d week.....	197	245	144	146	1,411	998
4th week.....	172	207	111	131	1,430	1,018

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Number of claimants for unemployment benefits, August 1945–April 26, 1947



number of compensable claims remained fairly steady in both March and April although the seasonal rhythm would suggest its decline.

A closer analysis of the movement of benefit claims by State shows that the nonseasonal increase of initial and waiting-period claims was concentrated in New York and New England. This development might have been due to a temporary slump in local nondurable industries.

#### March in Review

In unemployment insurance, a drop of 40,400 in new claims filed during March was responsible for a decline in the total number of initial claims filed. All but 15 States reported fewer initial claims than the February number. There was a slight drop in the average weekly number of continued claims, indicating that seasonal unemployment was continuing to taper off, but the 2 additional reporting days in March caused the monthly total of continued claims to rise slightly. Despite another slight decrease in the average weekly benefit check—to \$17.72—the amount dis-

bursed in benefits rose from \$65.9 million to \$71.5 million, a relative increase no greater than that in the number of reporting days during the month.

OLD-AGE AND SURVIVORS insurance benefits were being paid at the end of March to slightly more than 1.7 million persons at a monthly rate of \$33.1 million; in March 1946, 1.4 million persons received benefits totaling \$26.2 million.

During the first 3 months of 1947, more than 133,000 monthly benefits were awarded—10 percent less than in the same period in 1946 but 19 percent more than in October–December 1946. For the first time, the awards included those to survivors of workers who had wage credits under both old-age and survivors insurance and the railroad retirement system. A provision coordinating benefits under the two programs, included in the 1946 amendments to the Railroad Retirement Act, became effective January 1. From that date to the end of March, 31 awards were made by the Bureau of Old-Age and Survivors

Insurance to the survivors of workers who had wage credits under the two systems. In addition, nine old-age and survivors insurance beneficiaries had their benefits recomputed to take into account credits earned in railroad employment.

THE UPWARD MOVEMENT both in the total amount of payments and in the number of recipients continued during March in all three of the special types of public assistance. Administrative and legislative action, however, rather than changes in need brought the largest State increases. In the general assistance program, also, total payments increased slightly, although there was a slight decline in the case load. Total expenditures for the four programs rose 2.3 percent above the February level to almost \$121 million; a year earlier, assistance expenditures totaled \$94 million.

#### Middle American Institute on Social Security

The Social Security Administration, in cooperation with the Department of State, is sponsoring an institute on social security for specialists in this field from Mexico and the Central American Republics. The institute, which was planned as a part of the program of the Interdepartmental Committee on Scientific and Cultural Cooperation, is being held in Washington from June 9 to 30. Each of the 10 Republics has been invited to send a representative as a guest of this country.

The purpose of the institute is to discuss social security and its basic philosophy in relation to the democratic way of life, including the interrelation of social insurance, assistance, and child welfare, broad aspects of administration and financing, and the relationship between social security and other Government programs, such as health and education.

## Medical Services Provided Under Prepayment Arrangements at Trinity Hospital, Little Rock, Arkansas, 1941

By Margaret C. Klem\*

*This article is the first report on a study of medical and hospital services provided under prepayment arrangements at Trinity Hospital, Little Rock, Arkansas. The study will provide one of the largest bodies of detailed information collected in this country on the amount of medical care people request when the medical bill has been paid for in advance. As in all Bulletin articles, the opinions expressed are those of the author and do not necessarily reflect official views of the Social Security Administration.*

THE LACK OF ADEQUATE PROTECTION against the unpredictable costs of medical care and against wage loss due to sickness and disability represents the most serious gap in this country's social security program. In line with the Social Security Administration's statutory responsibility for studying methods of providing economic security through social insurance, the Division of Health and Disability Studies of the Bureau of Research and Statistics has undertaken a study of voluntary plans that have been developed in the United States and that provide some protection against the risks of sickness and disability. The analysis of various aspects of voluntary prepayment medical care organizations—their scope, administration, operation, charges, and service provisions—has consequently been a major project of the Division in the past several years. As a part of this analysis, a detailed study has been under way of medical services provided at Trinity Hospital, Little Rock, Arkansas, under a group-practice plan that has provided medical and hospital services on a prepayment contract basis for more than 15 years. In addition to furnishing data on the amount of medical services

provided under this voluntary prepayment organization, the study will give detailed information useful in estimating the volume of service likely to be requested under a comprehensive voluntary or compulsory health insurance program.

Trinity Hospital was originally established in 1920 for the purpose of making available to private patients in the community the most modern methods and facilities for diagnosis and treatment. In 1931 the organization began to offer medical and hospital service on a prepayment basis to persons in the community who joined on an individual or group basis. Since then, it has continued to provide services on both a prepayment and a fee-for-service basis.

The hospital is privately owned and operated by a group of physicians who are all on a salary basis but who also receive a proportionate share of the organization's total net income. In providing services, group-practice techniques are used, and a consolidated medical record of each patient is maintained. The patient has free choice among the physicians on the staff and may see any staff specialist; referral by a general practitioner is not required. Before the war the total staff numbered about 75 persons—10 physicians, a hospital superintendent, 27 graduate nurses, 2 laboratory and 2 X-ray technicians, a business manager, an accountant, a pharmacist, a dietitian, a housekeeper, and business and maintenance personnel.

The organization is housed in a modern, well-designed building. On the first floor are the physicians' offices, the laboratory, the X-ray de-

partment, the pharmacy, and other facilities. Each physician has a suite of two examining rooms, a dressing cubicle, a nurse's room, and a consultation room. A 47-bed hospital occupies the second floor. Most of the rooms are designed for 2 beds, but a few private rooms are available.

At the time this study was started, a substantial proportion of the membership in the prepayment plan had been enrolled for 5 years or more, and it seemed reasonable to assume that most members were well accustomed to receiving care on a prepayment basis. Services at Trinity can therefore be considered as indicative of the care provided to a group in which the majority of the members were fully acquainted with the type of services available and were well past the first stage of membership, when the novelty of requesting services because they were already paid for could have resulted in an abnormally heavy service load.

The list of subscribers at Trinity was once described by Dr. M. D. Ogden, the medical director, as a true cross section of the entire community, with every gradation of income and social status, including bank presidents, many of the wealthier people of the town, and factory girls. The member families ranged in size from 1 to 9 persons, with an average size of 2.3 persons.

The study covers the 2 years from March 1941 through February 1943. The first year was a period not seriously affected by the withdrawal of physicians from civilian practice to serve with the armed forces. In the second year, however, the shortage of physicians began to be acute. The first study year ends at the date when the hospital, because of reduced staff, took steps to reduce services to the less serious cases.

During both years of the study the same type of detailed information was collected on the services provided and on the characteristics of persons eligible for care under the prepayment contracts. The plans for the study, the schedules, and the instructions for their use were prepared after consultation with the hospital staff. Separate office and home or hospital service schedules were prepared for each person having office, home, or hos-

\*Chief, Medical Economics Section, Division of Health and Disability Studies, Bureau of Research and Statistics. Margaret F. McKiever and Zelma A. Miser assisted in the preparation of the article. In publishing this article the author and the Bureau of Research and Statistics wish to thank Dr. M. D. Ogden, Medical Director of Trinity Hospital, and his staff for their interest and cooperation, without which this study would not have been possible.

pital care during each month of the study years. Each type of care received was listed on the schedules, with the date of each service, the code number for any doctor who saw the patient, the type of hospital accommodation used, and the laboratory or X-ray service provided. Information on the composition of the families who had made new contracts or canceled contracts during the month was also prepared, and all schedules and lists were mailed to Washington each month for processing.

This article gives in summary form the major findings for the first year. More detailed data on the study for that year, as well as data for the second year, will appear in a monograph to be published in the near future.

### Membership Restrictions

Persons wanting to join the prepayment plan at Trinity Hospital must meet fewer membership requirements than are imposed by many such organizations.<sup>1</sup> People in all income classes are eligible, for example, and no entrance physical examinations are required. There are no age restrictions, but the charges for any nongroup subscriber 57 years of age or over at the time of enrollment are increased by 50 percent when he becomes 60 years of age.

Under family contracts, membership is limited to the subscriber, spouse, and minor dependents. A dependent is defined as an individual who is totally dependent on the subscriber for support, occupies the same residence, and is related to the subscriber by blood or marriage.

A group must have at least five subscribers to be eligible for a 50 cent reduction in dues allowed because of group collections, but, unlike many other prepayment medical care organizations, Trinity does not require a certain percentage of the entire group to enroll.

<sup>1</sup> Margaret C. Klem, "Voluntary Medical Insurance Plans, Their Extent and Limitations," *Medical Care*, November 1944, pp. 263-276. For a description of restrictions in individual plans see Margaret C. Klem, *Prepayment Medical Care Organizations*, 3d ed., June 1945. (U. S. Social Security Board, Bureau of Research and Statistics Memorandum No. 55.)

### Benefits and Charges Under Trinity Prepayment Contracts

Under the most inclusive of the several contracts offered at Trinity, both subscribers and their dependents are eligible for physicians' care in the office and hospital, for home visits on payment of an extra fee, and for hospitalization. The additional charges for home visits are \$2 for a day call and \$4 for a night call within the corporate limits of Little Rock. Hospitalization is provided in a two-bed room and covers a period not exceeding 6 weeks in any 1 year to any one individual. Persons wishing private rooms pay an additional charge.

Before 1939 these inclusive benefits were offered on a nongroup basis to individual subscribers at \$2.50 per month and to families at \$5. The hospital stopped offering the contract at these prices in 1939, but persons with such contracts are allowed to continue at the same rate. The majority of the subscribers enrolling after 1939 chose the same inclusive contract at the following cost to nongroup members: individual subscribers, \$2.50 per month; two persons in family, \$5; three persons, \$7; four or more persons in family, including all minor dependents, \$8.50. The practice of reducing these charges by 50 cents for group members continued.

Although most of the Trinity members were enrolled under this inclusive contract, subscribers had a choice of several other contracts that provide the same services to subscribers but less to dependents or that provide limited service to both subscribers and dependents.<sup>2</sup> In all contracts the charges to group members were 50 cents less per month than to nongroup members.

The fields of medicine covered by the contract include, among others,

<sup>2</sup> Under nongroup contracts offering inclusive coverage for subscribers, hospitalization for dependents on a prepayment basis, and medical services for dependents at reduced fees, the monthly charges are: subscribers, \$2.50; 2 persons in family, \$3.75; 3 persons, \$4.50; 4 or more persons, \$5. Under nongroup contracts offering inclusive services for subscribers and all services at reduced fees for dependents, the monthly charges are: subscriber, \$2.50; all dependents, regardless of number, 50 cents. Other contracts provide limited service to employees only in certain industrial establishments.

internal medicine, surgery, obstetrics, pediatrics, eye, ear, nose, and throat. All surgical procedures (except brain surgery), laboratory tests, X-ray examinations and treatments, and physiotherapy are also included. Benefits do not include drugs and medicine or orthopedic appliances. Refractive and glasses are provided at reduced fees.

Except for acute conditions needing immediate attention, no hospitalization or medical or surgical services are furnished, during the first year that the agreement is in effect, for diseases or conditions existing at the time the contract is made. Maternity care is provided after 10 months of membership of husband and wife. Care is not provided for cases of pulmonary tuberculosis, mental or nervous disorders, or drug addiction, after diagnosis as such. Diseases quarantinable by the city or State authorities are not accepted for hospitalization.

### Total Services Provided

In studies of the services provided by physicians in individual private practice, a call at the physician's office usually has been counted as a visit whether the physician himself or a nurse or technician gave the service. In the Trinity Hospital study, a somewhat different method has been used. For example, visits to physicians frequently resulted in orders for care to be given by some other member of the Trinity staff—a nurse or a laboratory or X-ray technician. When such service was received during calls made to see a physician, it was not counted separately. In instances when patients saw only a nurse and/or a technician the call was counted not as a visit to a physician but as a visit to "other staff members." A call to receive care from other staff members was counted as only one visit, regardless of how many different staff members were seen or how many services were received during the call. When a patient visited two or more physicians during the same call at the hospital building, however, the visit to each physician was counted separately.

During the first study year, more than 31,000 office visits to physicians were made at Trinity—about 85 percent of them by persons eligible for care under all types of prepayment



contracts and the balance by fee patients. In addition, about 8,600 visits were made at which staff members other than physicians gave service. Of these, 7,914 or about 92 percent were made by prepayment patients.

Physicians made very few home visits to either prepayment or fee patients—only 1,130 day visits and 70 night visits for the combined groups. The practice of charging prepayment patients an additional \$2 for a day and \$4 for a night call undoubtedly discouraged requests for home services; moreover, because of the better diagnostic facilities available at the hospital, the physicians have always encouraged patients to come to the office whenever their condition permits.

Of the 1,072 cases<sup>3</sup> hospitalized, 862 were admissions of prepayment patients and 210 were admissions of fee-for-service patients. Prepayment patients received 4,796 days of care, or an average of about 5½ days per case; fee patients received 1,313 days of care, or about 6 days per case.

### Services Provided to Persons Eligible During Entire Study Year

Information on the total amount of services provided during the year is of interest in considering the aggregate work of the Trinity staff. The analysis in this article, however, has been restricted to services received by persons eligible for office and hospital care under prepayment contracts during the entire 1941 study year.<sup>4</sup> Services to fee patients and to prepayment patients eligible for limited services or for care for less than a full year will be analyzed in the monograph.

<sup>3</sup> The term "case" as used in the study represents the number of hospital admissions; thus a person who was hospitalized two or more times during the year represented two or more cases.

<sup>4</sup> Excluded from this report, in addition to fee-for-service and reduced-fee patients, are (a) subscribers to two industrial contracts which are dissimilar to all other Trinity contracts, and (b) persons eligible for care only during a part of the study year (except infants born into families eligible during the entire study year and members of such families who died during the study year). When contracts provided care on a prepayment basis for subscribers and services at reduced fees to dependents, the subscribers only were included; when dependents were eligible for hospital care on a prepayment basis, they were included only in the analysis of hospital services.

**Number of persons per contract and duration of contracts.**—Study of the 2,097 contracts through which subscribers were eligible for care throughout the entire first year of the study showed that 41 percent of the contracts covered one-person families, 53 percent covered families ranging in size from two to four persons, inclusive, and 6 percent covered families with five or more members.<sup>5</sup> About 17 percent of the contracts had been in force since 1931–32, when the prepayment plan was first put into operation and 10 years before the study year, and 54 percent had been entered into before 1937, 5 years before the study year.

**Percent of eligible persons receiving services.**—That the persons eligible for care on a prepayment basis made use of their privileges is evident from the fact that approximately four-fifths of them visited Trinity physicians during the year. About one-third of the total also came to the office to receive service from other staff members without seeing a physician at the same time (table 1).

The percentage of dependents making either type of visit was slightly

<sup>5</sup> Dependents covered under 65 contracts were eligible for clinic and hospital care on a reduced-fee basis; under 41 contracts they were eligible for hospital care on a prepayment basis and for clinic care on a reduced-fee basis. When only persons eligible for complete care on a prepayment basis are considered, the distribution of the 2,097 contracts is as follows: 46 percent were one-person families; 49 percent, families of two to four members; and 5 percent, families of five or more members.

higher than the percentage of subscribers. Only 8 percent of the subscribers and 14 percent of the dependents received day calls at home, and approximately 1 percent of each received night calls. About one-eighth of the persons eligible for hospital care were hospitalized, and, as for most of the other services, a slightly higher percentage of dependents than of subscribers received this type of care. Almost half of those eligible for care received some form of laboratory service; 24 percent of the subscribers and 15 percent of the dependents received diagnostic X-ray services.

**Number of services received.**—Although, in general, dependents received more service than subscribers, subscribers averaged more visits to physicians—5.4 as against an average of 4.6 for dependents. Studies of services provided by other prepayment organizations have indicated that subscribers, in general, receive considerably less care than dependents. This is not the case at Trinity because, unlike most other prepayment groups, a large proportion of the subscribers are women, and they received substantially more care than the men who were subscribers. Information on the amount of service received by these two groups of subscribers will be given in the monograph.

Subscribers had fewer hospitalized cases than did dependents and received slightly less hospital care—837 days per 1,000 subscribers in comparison with 883 days per 1,000 dependents. All members, both subscribers

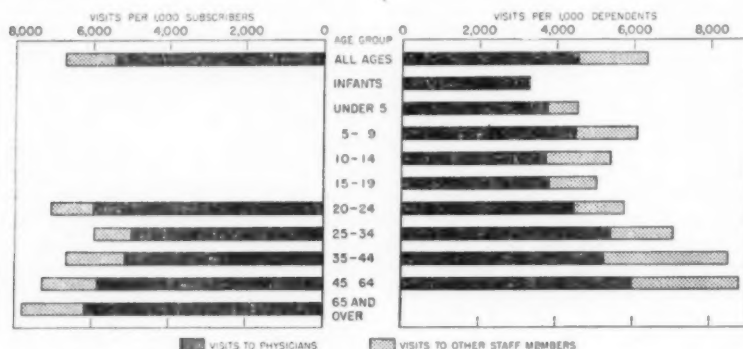
Table 1.—Trinity Hospital: Percent of membership receiving specified type of service and number of services received per 1,000 persons eligible for care, 1941<sup>1</sup>

Type of service	Percent of eligible persons receiving specified service			Number of services received per 1,000 persons eligible for care		
	All	Subscribers	Dependents	All	Subscribers	Dependents
Physicians' visits:						
Office.....	79.6	78.4	80.7	4,982	5,437	4,587
Home, day.....	11.4	8.3	14.0	174	136	206
Home, night.....	9	.7	1.0	10	8	11
Other office visits.....	34.4	32.3	36.3	1,544	1,292	1,762
Hospitalization: <sup>2</sup>						
Cases.....	12.9	12.0	13.6	154	144	163
Days.....				862	837	883
Other services at office and hospital:						
Diagnostic X-ray.....	19.3	24.0	15.3	298	376	231
Laboratory.....	47.1	48.8	45.7	1,789	1,885	1,707

<sup>1</sup> Based on 2,097 subscribers and 2,420 dependents eligible during entire study year for care under the most inclusive contracts.

<sup>2</sup> Includes an additional 97 dependents eligible for hospital care on a prepayment basis but receiving physicians' care on a reduced fee-for-service basis.

Chart 1.—Trinity Hospital: Number of office visits per 1,000 subscribers and per 1,000 dependents eligible for office care during entire study year, by age group, 1941



and dependents, averaged about 1.8 laboratory services each and about 1.5 visits to staff members other than a physician.

#### Care Received in Relation to Age

**Physicians' office visits.**—Visits to physicians made during the year varied according to age group, ranging from 3.3 visits per infant to 6.2 visits per subscriber 65 years of age and over (chart 1). Infants born during the year were included in the study for 6½ months, on the average. Infants who were born early in the study year—those eligible for care for 10 months or more—averaged 5.5 visits to the physician's office. Children in all age groups under 20, except the group aged 5-9, averaged less than 4 visits. Subscribers 20-24 years of age and those aged 65 and over and both dependents and subscribers aged 45-64 averaged approximately 6 visits per year. For all other groups the average ranged from 4.5 to 5.4 visits. In most age groups, subscribers and dependents received approximately the same amount of care; only in the age group 20-24 did the subscribers make more visits than the dependents.

**Visits to staff members other than physicians.**—Although there was considerable variation among the several age groups in the number of office visits made to staff members other than physicians, most of the groups averaged from 1 to 1.5 visits per person. Dependents in the age groups 35-44 and 45-64 had by far the highest rates for such services.

**Home calls.**—The aged and children under 10 had the highest rates for

home calls. As pointed out earlier, the small number of home calls in comparison with office visits might be explained by the practice of making additional charges for home visits and by the patients' response to the organization's policy of encouraging office calls whenever possible. The latter explanation is supported by the fact that patients frequently pay in taxi fares to and from the office about what a home call would cost, because of their desire to make use of the office facilities.

**Hospitalization: frequency and duration.**—There was great variation in the amount of hospital care received by patients of different age groups at Trinity. Subscribers averaged 144, and dependents 163, hospital cases per 1,000 persons eligible for hospital care. Dependents in the age group 20-24 had 366 cases per

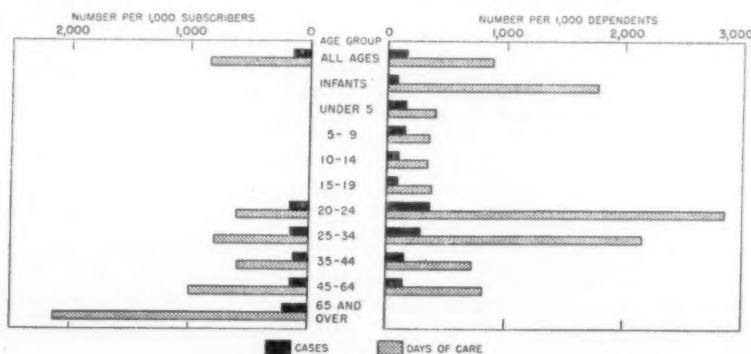
1,000 persons—or more than twice the number reported for most age groups—and those aged 25-34 ranked second, with 288 cases per 1,000 persons. Elderly subscribers (aged 65 and over) had slightly more than 200 cases per 1,000 persons. Infants, children aged 10-14, and dependents 15-19 years of age had less than 100 hospitalized cases per 1,000 persons eligible for care.

Four groups were outstanding in the number of days of hospital care received. Dependents aged 20-24 and 25-34 ranked first and second, respectively, in the number of days of hospital care received as well as in the number of cases—2.9 days per eligible person for the first group and 2.2 days for the latter. Much of the hospital care received by dependents in these two age groups was for maternity cases. Elderly subscribers, a group having a large number of cases, also received a relatively large amount of care; infants born during the year, the group with the lowest number of cases, received a large volume of care. The cases and days of hospital care counted for infants born during the year do not include hospitalization incidental to being born; the data for infants were restricted to care provided infants after the mother left the hospital and to infants who were readmitted to the hospital for post-natal reasons.

#### Variation in Amount of Care Received

It has been said earlier that about four-fifths of the persons eligible for care at Trinity used their contract

Chart 2.—Trinity Hospital: Number of hospitalized cases per 1,000 subscribers and per 1,000 dependents eligible for hospital care during entire study year, by age group, 1941



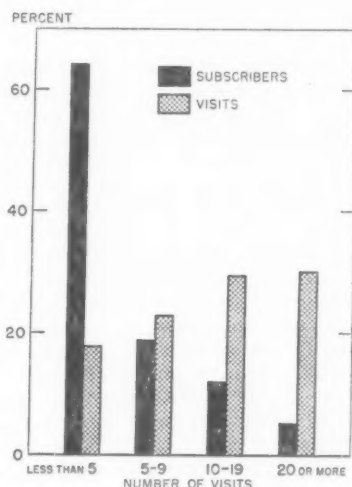
privileges to see a physician at some time during the study year. Other studies have shown that, of the persons who receive care under fee-for-service practice, many visit the physician only a few times during the year, and the service received by this group represents a relatively small fraction of the total services rendered by the physician. On the other hand, it has been found that a small proportion of those getting care receive a large number of services, and that the care received by this small group represents a large share of the physicians' total services. Is this also the case under a prepayment service? What proportion of those eligible for prepaid services received no care or only a small amount of care from physicians; how many received an unusually large number of services, and how heavy a load were they for the organization's staff and medical facilities?

The experience with members of the prepayment plan at Trinity was similar to that under the usual fee-for-service practice; in the course of the year most of the care went to a small number of persons who had either long-continued illness or a series of illnesses. Most of the Trinity members received a small amount of service, even though the care was paid for in advance.

Charts 3 and 4 show the relationship between the proportion of subscribers receiving a specified number of services and the proportion of all services received by each specified group. The data represent all office visits made to physicians by subscribers and all their hospitalized cases and days of hospital care.

**Physicians' office visits.**—Nearly 22 percent of the subscribers eligible for care made no visits to a physician during the year, 26 percent made one or two visits, and 17 percent made three or four visits. Thus, approximately two-thirds of the subscribers eligible for care made four physician visits or less (or none). Visits made by these groups—which made up over 64 percent of all subscribers—represented, in the aggregate, only 18 percent of all visits to physicians made by subscribers. At the other extreme, 5 percent of the subscribers were in the group that received a large amount of care, each making 20

Chart 3.—Trinity Hospital: Percentage distribution of subscribers and of physicians' office visits, by number of visits, 1941



or more visits to physicians, and this small group accounted for 30 percent of all physicians' office visits made by all subscribers. For dependents, comparable figures are as follows:

Number of office visits	Percentage distribution of—	
	Dependents	Office visits
Less than 5.....	64.8	22.5
5-9.....	22.1	31.7
10-19.....	10.5	29.7
20 or more.....	2.6	16.1

Judging by the data collected at Trinity, it would seem that, in general, patients eligible for care under a prepayment contract behave just like patients receiving care on a fee-for-service basis, that is, a large proportion of them receive only a relatively small amount of care in the course of a year and a small proportion receive the major part of the physicians' services. Detailed comparisons of each type of care will be made in the monograph to be published at a later date.

**Hospitalization: frequency and duration.**—As previously shown, only about one out of eight subscribers was hospitalized during the year. In about two-thirds of the cases, subscribers stayed less than 6 days in the hospital; in about one-third of

the cases, they stayed only 1 day; the average was 5.8 days. The short hospital stays (less than 6 days each), though relatively numerous, accounted for less than one-fourth of all days of hospital care provided to all subscribers. The extended hospital stays (15 days or more), though relatively few in number (8.3 percent), accounted for nearly one-third of all days of hospital care received by all subscribers.

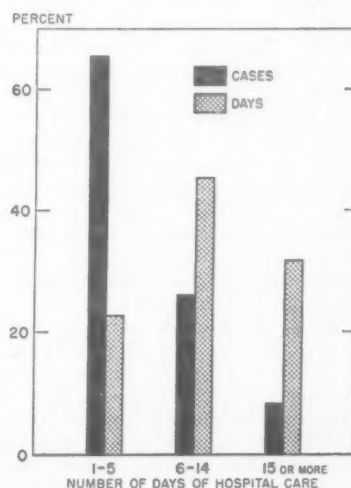
Dependents were hospitalized for a slightly shorter period, an average of 5.4 days per case. About 42 percent of the cases were hospitalized for 1 day only. The figures for hospital care received by dependents are:

Number of days of hospital care	Percentage distribution of—	
	Cases	Days of care
1-5.....	63.0	19.8
6-14.....	32.6	62.0
15 or more.....	4.4	18.2

#### Comparison of Volume of Service Received Under Prepayment and Fee-for-Service Practice

The influence of prepayment on the amount of care received may be observed more readily when the experi-

Chart 4.—Trinity Hospital: Percentage distribution of hospitalized cases among subscribers and days of hospital care received, by number of days of hospital care, 1941



ence at Trinity is compared with services received by persons in various economic classifications who purchase care on the usual fee-for-service basis.

When the Committee on the Costs of Medical Care made its study of 9,000 families located in 130 urban and rural communities in 1929-31, the results showed that the volume of medical care received by individuals was directly related to family income, and later studies have substantiated this finding. Table 2 shows the number of physicians' services and days of hospitalization received per person per year by members eligible for care under the most inclusive prepayment plan at Trinity and by members of families included in the Committee (CCMC) study residing in cities of 5,000-100,000 population. This is the population group in the CCMC study comparable in size with Little Rock.

Several differences in the data presented in the two studies should be noted. The home calls reported for the prepayment plan are, as has been mentioned, paid for by a reduced fee, not included in the prepayment contract. The number of Trinity office visits represents only those at which a physician was seen and excludes all visits at which only a nurse or laboratory technician gave service. In the CCMC data the count of office visits includes visits to physicians' offices and to free and pay clinics regardless of the person who gave the service. Visits to a physician or clinic for eye refractions and to osteopaths, chiropractors, and non-medical practitioners are also included. The office calls reported in the Trinity study were all made to physicians associated in group practice, where referrals to and consultations with other physicians could be made relatively easily and with no additional charge to the patient. The bulk of the calls reported in the CCMC study were made to physicians in individual practice, where each additional call or consultation meant an additional charge for the patient.

Days of hospital care in both studies exclude care in mental and tuberculosis hospitals and other institutions for the resident care of patients with chronic illnesses. The CCMC data include hospital care for quarantinable diseases, while such

care is not included in the Trinity data since it is not provided under the contract. Dental care is not provided at Trinity, and calls for dental care consequently are excluded from the CCMC data used here.

**Physicians' services.**—The number of home and office visits for persons in the various income classes in the CCMC study varied with the financial status of the family, from an average of less than three calls per person in the three lowest classes (less than \$3,000) to about five per person in the highest. The persons eligible for care under the prepayment plan received at least as much medical attendance from physicians (at home and in the office) as did persons in families with incomes of \$10,000 or more in the CCMC study. In the CCMC population, nearly half the visits were home calls, while at Trinity most of the services were obtained at the office. As already mentioned, the large volume of office services at Trinity is influenced by the practice of encouraging patients to come to the office for services when possible and by the additional charge made for home services. The difference may also be partly due to the fact that patients are more likely to request service in the early or ambulatory stages of an illness under a prepayment plan than under a fee-for-service arrangement.

**Hospital care.**—The volume of hospital care received by persons under the prepayment plan was comparable to that received by members of families in the CCMC study with incomes of \$5,000 or more. In the CCMC

study, the families with the lowest incomes—many of whom were eligible for and received free care—reported the largest amount of care, 1.14 days per person; the highest income groups received the next largest amount of care, 0.88 days per person, an amount equal to that received by dependents at Trinity and only slightly higher than that received by subscribers. The hospital care received at Trinity was about equally divided between private and semiprivate care, with the patients in private rooms paying an extra charge for the use of such facilities. The CCMC families used all types of accommodations; in the lowest income group 75 percent received ward care, and almost all the others, semiprivate; in the highest income group the accommodations used were private and semiprivate.

Before Blue Cross hospital plans eased the financial burden of hospitalization for many people throughout the country, an annual average of 60-75 persons received care in a general hospital for each 1,000 in the population, and an average of less than 1 day of care per person per year was found to be typical. Now the number of hospitalized cases has increased, the average number of days of care per case has decreased, and the days of care per 1,000 persons in the general population has increased.

Since Trinity owns its own hospital, generous use of hospital facilities is to be expected, and the fact that the physicians' offices are in the hospital building encourages the staff to hospitalize cases that they wish to

Table 2.—Average number of specified services per person at Trinity Hospital, Little Rock, Arkansas, and per person studied by the Committee on the Costs of Medical Care<sup>1</sup>

Group and family income	Number of persons	Physicians' visits			Days of hospitalization
		Home and office	Home	Office	
Trinity Hospital:					
Subscribers.....	2,097	5.6	0.14	5.4	0.84
Dependents.....	2,420	4.8	.22	4.6	.88
Committee on the Costs of Medical Care:					
Less than \$1,200.....	1,253	2.8	.9	1.9	1.14
1,200-1,999.....	2,893	2.5	1.1	1.4	.67
2,000-2,999.....	2,490	2.8	1.2	1.6	.54
3,000-4,999.....	1,394	3.0	1.1	1.9	.55
5,000-9,999.....	1,199	4.1	1.3	2.8	.84
10,000 or more.....	579	4.9	2.2	2.7	.88

<sup>1</sup> Comparison includes subscribers and dependents eligible for care under the most inclusive prepayment contracts at Trinity during the entire year 1941 and members of families included in the CCMC survey who were living in cities of 5,000-100,000 population. CCMC families were surveyed over a 12-month period during 1928-31. CCMC data derived from the study by I. S. Falk, Margaret C. Klem, and Nathan Sinal, *The Incidence of Illness and the Receipt and Costs of Medical Care Among Representative Families* (Committee on the Costs of Medical Care, Publication No. 26), 1933.



observe closely. The hospital admissions rate per 1,000 eligible persons was 154 at Trinity as compared with a rate in 1941 of 107 Blue Cross admissions<sup>6</sup> throughout the United States and Canada combined, during the same period. Somewhat more hospital care was received by persons eligible for care at Trinity than by those eligible through Blue Cross—862 days per 1,000, compared with 820 days through Blue Cross.<sup>7</sup>

### Comparative Costs

In view of the effect of prepayment on the volume of services received, it is interesting to compare the costs at Trinity with the expenditures made under the fee-for-service system by families in the various income groups.

In 1941 the total annual expenses of the Trinity membership eligible for care during the entire study year under the most inclusive prepayment contracts amounted to an average of \$21.80 per person; this total represents the charge for prepayment services plus the extra charges for home calls and eye care, as well as that part of the hospital care not covered by the contract. The average annual charge made for medical and hospital care as reported in the CCMC study (1928-31) showed a wide variation in the average per capita costs in families with different incomes. In communities of 5,000-100,000 population, the medical charges for services similar in scope to those provided at Trinity ranged from an average of \$7.21 per person in families with annual incomes of less than \$1,200 to \$85.88 per person in families with annual incomes of \$10,000 or more. Disregarding the changes in the cost of services between 1928-31 and 1941, the average expenses per member of the prepayment plan, \$21.80, were \$2.87 higher than the average charge per person in CCMC families with annual incomes of \$3,000-5,000; they were less than one-half the average annual charge per person in families with incomes of \$5,000-10,000, and only about one-

fourth that of families with incomes of \$10,000 or more. Physicians' services received at Trinity and days of hospitalization compared favorably with similar services received by those with incomes of \$10,000 or more.

The average payment of \$21.80 per person eligible for care on the prepayment basis does not conceal wide variations in payment, because substantially all persons paid approximately this amount. In contrast, what is the meaning of "average" charges incurred by persons in the CCMC families living in cities of 5,000-100,000 population? The average charges per person for all incomes and all types of medical services were about \$24. Nearly 40 percent of the individuals, however, had no charges at all; approximately another 40 percent had charges of less than \$20; while about 5 percent had charges of \$100 or more. If the computation of the average were restricted to those who had some charges, the per capita expenditure would be about \$34, and the average would be still higher if persons with only minor charges were eliminated. Moreover, there is no reason to believe that the individuals in the fee-for-service group received all the care they thought or knew they needed; whereas, with minor limitations (that is, home services and refractions), members of the prepayment plan were free to ask for all the care they wanted.

### Summary

Information on services provided at Trinity Hospital during the first study year (1941) may be summed up briefly as follows:

1. A large proportion of both subscribers and dependents made some use of their privileges. At some time during the year, approximately four-fifths made physicians' office visits, about one-third also came to the office to receive care from other staff members without seeing a physician at the same time, about one-eighth were hospitalized, and almost half received some form of laboratory service.

2. Visits to physicians made by persons of different age groups varied from 3.3 visits for infants born during the study year to 6.2 for subscribers

65 years of age or over. Subscribers, because of the large number of women included, in general averaged almost 1 visit more to a physician than did dependents; the former averaged 5.4 and the latter 4.6 visits during the study year.

3. Home calls were few in comparison with office visits, showing that the practice of making additional charges for home calls affects the number of these services received. There also are other indications that the patients cooperated with the organization's policy of encouraging office calls. The aged and the children under age 10 were the most frequent recipients of home calls.

4. There were 154 hospital cases per 1,000 persons eligible for care throughout the year, receiving a total of 862 days of hospital care, or an average of 5.6 days per case. Hospital cases and days of hospital care varied greatly among the different age groups. Dependents aged 20-24 had more than twice the number of hospital cases reported for most other age groups. Dependents 25-34 years of age and subscribers 65 and over also averaged a large number of cases. These three groups and infants born during the year received the largest number of days of hospital care.

5. The experience at Trinity was similar to that under the usual fee-for-service practice in that most of the care furnished in the course of a year was received by a relatively small number of persons who had either long-continued or a series of illnesses.

6. Disregarding price changes for service between 1928-31 and 1941, the cost of the prepayment contract plus the extra charges for home calls, eye refractions, and special accommodations during hospitalization at Trinity in 1941 were not much more than the sum paid for services of this type by persons in the \$3,000-5,000 income groups living in medium-sized cities and studied by the Committee on the Costs of Medical Care in 1928-31. The volume of services received by Trinity subscribers and their dependents was comparable with that purchased by persons with annual incomes of \$10,000 or more who paid about four times as much for the services received on a fee-for-service basis.

<sup>6</sup>"Incidence of Hospitalization," *Blue Cross Statistics*, January 1943, p. 2. (Hospital Service Plan Commission, Special Study No. 36.)

<sup>7</sup>"Blue Cross Service Is Not Affected by Crowded Hospitals," *Blue Cross Bulletin*, January-February 1946, p. 2.

# Social Security in Chile

By Wilbur J. Cohen\*

THE REPUBLIC OF CHILE stretches for more than 2,600 miles along the southwestern coast of South America. The three regions into which the country is naturally divided contain a wide variety of natural resources. Enormous extensions of desert and barren mountains characterize the northern zone. Because of its mineral deposits this region, called the Atacama, is the richest desert in the world. Chile is second to the United States in the production of copper, and before synthetic nitrate became commercially profitable this zone produced about 95 percent of the world supply of nitrate. About 70 percent of the world supply of iodine is a by-product of the Chilean nitrate industry.

The central zone marks Chile as primarily an agricultural Nation. The fertile Central Valley contains grain fields, orchards, and pasture lands, which produce most of the country's food supply. It is in this zone also that the large cities are located, as well as the Nation's manufacturing industries. Extensive forests and mineral deposits, including large coal beds, are found in the lower part of this zone.

The southern zone, extending to Cape Horn, is the most scenic part of Chile, characterized by lakes, snow-capped volcanoes, and, in the extreme south where the country is only 10 miles wide at its narrowest point, by canals and fjords. Forestry, cattle and sheep raising, and fishing furnish the main sources of occupation in this area. It is here also that oil deposits have recently been discovered.

Within its 286,396 square miles, Chile has more than 5 million persons who are predominantly of European extraction; less than 1 percent are full-blooded Araucanian Indians. The average density of population is 17.5 persons per square mile, as com-

pared with 44 for the United States. Less than 3 percent of the population, however, live in 15 of the country's 25 Provinces, while 56 percent are concentrated in the central region, which has an average density of 79 persons per square mile. Santiago Province alone accounts for one-fourth of the total population and has an average density of about 193 persons per square mile. Not more than 3 persons per square mile are found in the desert northern region, and the southern Province of Magallanes has less than 1 person per square mile.

According to the 1940 census, Chile then had a population of 5 million persons, of whom 1.7 million were in the labor force; 35 percent were in agriculture, forestry, and fishing, 17 percent in manufacturing, 12 percent in public services, 12 percent in domestic service, 9 percent in commerce, and 5 percent in mining. It is interesting to note that, though nitrate and copper mining are the backbone of the Chilean economy, the mining industry accounts for only a small proportion of the labor force.

Wages and commodity prices vary considerably, but regardless of his geographic location or his occupation the average wage earner spends most of his income on food. In 1942 the Chilean Department of Labor (Dirección General del Trabajo) conducted a consumer purchase study of 286 families throughout the country. The survey revealed that 76 percent of the family income was spent on food, 10 percent on clothing, and about 7 percent on rent.<sup>1</sup> Particularly in recent years, Chile has been experiencing severe inflation, which in spite of increased wages has made the lot of the average wage earner a difficult one.<sup>2</sup>

<sup>1</sup> Luis Cárcamo and Robinson Paredes, "Estadísticas de la Dirección General del Trabajo," *Veinte Años de Legislación Social*, Dirección General de Estadística (Santiago), 1945, pp. 130-139.

<sup>2</sup> *Estadística Chilena* (Dirección General de Estadística), November 1946, p. 640. The general cost-of-living index for Santiago (March 1928=100) was 210.3 in 1940 and 304.3 in 1942 and by November 1946 had reached 553.5, an increase of 163.2 percent since 1940. The food index increased 161.4 percent and the clothing index, 311.2 percent.

National income in Chile in 1943 was 29,650 million pesos\* (\$956 million), equivalent to 5,990 pesos (\$193) per capita.

The birth rate is high—33.3 births per 1,000 population in 1945, as compared with 19.8 for the United States. However, the infant mortality rate is also high, accounting for one-third of all deaths in the country in 1945. In that year, the infant mortality rate was 184 per 1,000 live births as compared with 38.1 for the United States.<sup>4</sup> The percentage increase in population over the last 20 years was 34 for Chile and 27 for the United States.

The present age distribution is very similar to the distribution that characterized the United States about 40 years ago. The proportion of the population in the younger age groups is larger in Chile than in the United States at the present time. According to the 1940 census, 37 percent of the Chilean population was under 14 years of age, 51 percent was between 15 and 49, and 11 percent, over 50. In 1940, only 29 percent of the population in the United States was under 14, while 17 percent was over 50.

## Development of Social Security

Chile was the first country in the Western Hemisphere to establish a national system of compulsory social insurance. On September 8, 1924, the now famous law 4054 providing for compulsory social insurance was enacted.<sup>5</sup> While this was the first social insurance law, it did not represent the first action which the Chilean Government had taken in behalf of wage earners.<sup>6</sup> Beginning in the early

\* Corporación de Fomento de la Producción, *Renta Nacional 1940-1945* (Santiago), vol. 1, p. 150, 1946. The official rate of exchange is 31 pesos to the dollar.

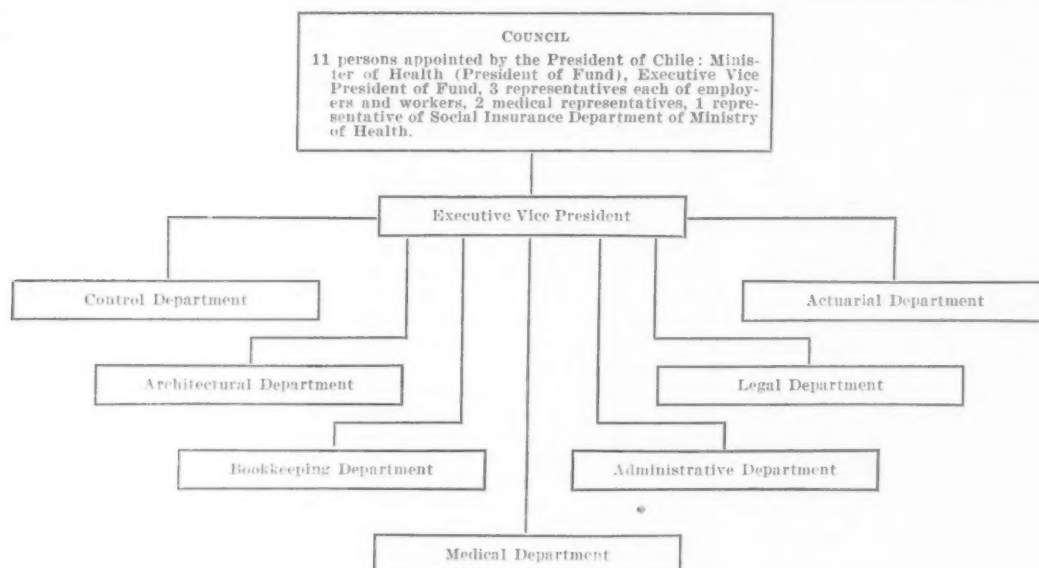
<sup>4</sup> *Estadística Chilena*, November 1946, p. 629; figures for the United States from the Bureau of the Census, *Monthly Vital Statistics Bulletin*, Feb. 27, 1946, p. 1.

<sup>5</sup> *Diario Oficial*, No. 13,987, Sept. 26, 1924. Date of application of law, April 1, 1925.

<sup>6</sup> Moisés Poblete Troncoso, "La Gravitación de la Política Social en la Economía Nacional," *Veinte Años de Legislación Social*, pp. 5-11. Early protective legislation included the law of August 26, 1907, prohibiting work on Sunday, the law of workers' housing of February 20, 1906, and perhaps the most important legislation of this early period, the workmen's compensation law of December 30, 1916.

\* Assistant Director, Bureau of Research and Statistics. Much of the basic material in this article was obtained by Mr. Cohen during a visit to Chile in July 1942; he was assisted in its preparation by Evelyn Boyer of the Division of Health and Disability Studies and Loucele Horowitz of the Division of Coordination Studies.

Chart 1.—Departmental organization of the Compulsory Insurance Fund for Chilean workers, 1944



years of the century, the Government had endeavored to protect the country's wage earners through social and labor legislation. Large-scale application of labor and social security measures began in 1925, however. Since then, for almost a quarter of a century, Chile has been developing a comprehensive code of laws covering social security, public health, and social welfare. In addition, the Chilean social insurance program is one of the few that cover practically the entire working population. Of the 1.4 million wage earners<sup>7</sup> in Chile in 1945, 1.2 million<sup>8</sup> were contributors to social insurance institutions.

In Chile a legal distinction is made between the manual worker and the white-collar or salaried employee.<sup>9</sup> Labor legislation differs considerably in its application to these two groups, a difference which is carried over to

the field of social insurance. Law 4054 of September 8, 1924, which created the Compulsory Sickness, Invalidity, and Old-Age Insurance Fund (Caja de Seguro Obligatorio de Enfermedad, Invalidez y Vejez, hereafter referred to as the Workers' Fund) applies to the manual worker, while separate social insurance laws apply to the salaried employees. The largest of the salaried employees' agencies, the Social Insurance Fund for Private Employees (Caja de Previsión de Empleados Particulares) dates back to 1925.<sup>10</sup> More than 40 separate agencies have been set up which administer the social insurance laws applicable to the salaried employees and other special groups.<sup>11</sup>

These agencies vary widely in their

size (ranging from 14 to about 100,000 contributors) as well as in their legal structure, methods of administration, and benefit programs.<sup>12</sup> Most of these agencies are, in fact, mainly compulsory savings institutions. The Social Insurance Fund for Policemen (Caja de Previsión de los Carabineros de Chile) and the Merchant Marine Fund (Caja de Previsión de la Marina Mercante Nacional) are the most important exceptions. Like the Workers' Fund, these two have paid special attention to health benefits for their members. Too much emphasis should not be placed on the fact that there are so many separate social insurance agencies in Chile, since more than 98 percent of the country's insured wage earners, both manual workers and salaried employees, are covered by the five largest agencies or Funds.<sup>13</sup>

The Workers' Fund, with its million members and \$20 million annual income, is by far the largest and most

<sup>7</sup> It should be noted that this figure is smaller than the one cited earlier, which includes not only wage earners but employers and self-employed as well. This figure was obtained by adjusting the 1940 census figure of 1,301,097 (*Estadística Chilena*, September 1946, p. 564) by the estimated percentage increase in population (p. 498).

<sup>8</sup> *Previsión Social* (Ministerio de Salubridad, Previsión y Asistencia Social), January-March 1946, p. 3.

<sup>9</sup> The Labor Code D. F. L. No. 178 (art. 2), May 13, 1931, published in the *Diario Oficial*, May 28, 1931.

<sup>10</sup> Decree-Law No. 857, Nov. 11, 1925, published in the *Diario Oficial*, Dec. 16, 1925. It is interesting to note that retirement pensions in Chile date back to the early part of the last century, when a law was enacted on November 25, 1820, giving public employees the right to disability pensions with half pay. Alfredo Herrera Aristegui, *Monografía Sobre la Caja de Empleados Públicos y Periodistas* (Santiago), 1942, p. 7.

<sup>11</sup> Julio Bustos A., "La Nación," *La Seguridad Social*, Talleres Gráficos (Santiago), 1942, p. 13. Among the special groups which have their own social insurance Funds are public employees and journalists, policemen, railway personnel, and merchant marine officers.

<sup>12</sup> Julio Bustos A., "Previsión Social," *Veinte Años de Legislación Social*, p. 224.

<sup>13</sup> The five largest Funds are: Compulsory Sickness, Invalidity, and Old-Age Fund for Workers (982,700 members in 1945); Social Insurance Fund for Private Employees (99,945 members in 1945); Public Employees and Journalists Fund (65,000 members in 1945); Social Insurance Fund for Policemen (30,000 members in 1943); Social Insurance Fund for State Railway Personnel (23,434 members in 1945).

important of the social insurance agencies in Chile. Its members include all the manual workers employed in mining, industrial, and commercial establishments, as well as self-employed workers and all agricultural labor and domestic employees.<sup>14</sup> These groups are covered against the risks of sickness, maternity, old age, and disability and by a funeral benefit. Since about three-fourths of Chile's wage earners are members of the Workers' Fund, this article is primarily concerned with that agency. A brief description will also be given of the salaried employees' system.

In Chile the relationship between the social insurance Funds and the Ministry of Health, Social Insurance and Social Assistance (Ministerio de Salubridad, Previsión y Asistencia Social) is so close that it is almost impossible to discuss the function of one without, at the same time, describing the other. This interrelationship, which results from the fact that Chileans closely identify social insurance with public health, seems to date back to 1924, when the Ministry of Health, Assistance, Social Insurance and Labor was created to supervise the activities of all agencies responsible for medical care (public health, hospitals, social insurance) and to administer labor legislation. In 1932 the labor functions were split off and the Ministry became the Ministry of Health, Social Insurance and Social Assistance.

The public health functions performed by the Ministry's Department of Health (Dirección General de Sanidad) relate to community sanitation, the prevention and control of communicable diseases, and the usual services provided by a public health service.

The Social Insurance Department (Departamento de Previsión Social) is responsible for the general supervision of the social insurance Funds. Although the Funds are autonomous organizations, the Minister of Health is chairman of the executive council (the governing body) of each of the agencies and in this way is able to

influence their medical activities. The medical section of this department periodically checks on the medical care provided by the Funds.

The Department of Social Assistance and Welfare (Dirección General de Beneficencia y Asistencia Social) is concerned with institutional medical care and operates practically all the hospitals and related institutions in the country. It provides care not only for the needy, but also for the insured workers and their wives and children. Insured persons requiring hospital treatment are sent as paying patients whose expenses are defrayed by the social insurance agencies.

General welfare, social work, and health services for expectant mothers, infants, and school children are provided by the Department of Child and Youth Protection (Dirección General de Protección a la Infancia y a la Adolescencia), which was established in 1942 to unify the previously decentralized child welfare agencies. This organization supervises foster care and private institutions, conducts clinics for mothers and babies, provides dental care, and cares for children living under abnormal conditions. This department is not connected with the Mother and Child Section of the Workers' Fund.

### Workers' Compulsory Insurance Fund

Approximately one million workers, representing about three-fourths of Chile's wage earners, are covered by the country's largest social insurance agency. They are insured against the risks of sickness, maternity, invalidity, and old age.

Old-age pensions or lump-sum benefits, whichever the worker prefers, are paid to insured workers when they reach the age of 55, 60, or 65, also depending on the choice made by the worker. In addition, the worker may elect to receive a lower retirement pension and arrange for a lump-sum payment to be made to his heirs upon his death.

The size of the retirement pension is generally so negligible that most workers prefer to receive a lump-sum payment when they retire rather than the monthly pension. The smallness of the pension is accounted for by the

combination of two factors: the method of calculation of the pensions is not based on the recent wages earned, as in the case of the disability pension, but on the individual's contributions (2 percent of wages) to his account—the employer contribution being allocated to other than old-age benefits; moreover, the declining value of money and steadily rising wages make the 2 percent of the money wages earned during the active years of the worker worth relatively little at the time of retirement. In 1945, 110 workers received pensions totaling 24,951 pesos, an average of 227 pesos (about \$7) a year. During the same year, 5,122 workers elected to receive lump-sum payments, which amounted to 1,384 pesos each (about \$45).<sup>15</sup>

If the worker dies, the Fund pays 300 pesos for the cost of the funeral. There are no survivor pensions as are provided in some of the larger of the salaried employees' systems.

Sickness benefits, both in cash and in kind, constitute the Fund's most important service. After payment of 7 months' contributions, a disabled worker is entitled to medical, surgical, pharmaceutical, and dental care, and to hospitalization beginning with the first day of illness and lasting 26 weeks. This period may be extended to a year in special cases. These medical benefits are accompanied by weekly cash allowances amounting to 100 percent of wages during the first week of illness, 50 percent during the second week, and 25 percent during the remaining 24 weeks. In special circumstances these payments, too, may be extended to a year. If the insured worker has no dependent family, the weekly allowances are one-half the amounts given above, that is, 50, 25, and 12½ percent of wages. No allowances are paid for illness that lasts less than 4 days.

Insured women workers, in addition to receiving the benefits as noted above, also receive cash and medical benefits during pregnancy, childbirth, and the postpartum period. The maternity cash benefits consist of 50 percent of the wage, payable for 6 weeks

<sup>14</sup> Manual workers employed by the State Railways and by the municipalities are members of their special Funds rather than the Workers' Fund.

<sup>15</sup> Julio Bustos A., *Reforma de las Leyes 4054 y 4055*, Caja de Seguro Obligatorio (Santiago), 1946, p. 27.



before and 6 weeks after childbirth,<sup>16</sup> together with a lactation benefit equal to 25 percent of the wage, payable for 8 months. Wives of insured workers receive medical care during pregnancy, and the Fund's Mother and Child Service provides medical care for the children of insured workers up to 2 years of age.

Invalidity pensions are paid to workers permanently and totally disabled through illness who have been contributors to the Fund for at least 2 years.<sup>17</sup> If a worker has been a member 10 years or more, his pension is 100 percent of his former wage. With 5 to 10 years' membership, he receives 75 percent of his wages, and with 2 to 5 years, he is paid 50 percent. Since its establishment the Fund has authorized 14,036 invalidity pensions.<sup>18</sup> During 1945, 7,112 members received 27,871 pesos in disability pensions averaging 3,919 pesos (about \$126) each per year.

Sickness is recognized by the Chileans as the first stage in a process which may lead to invalidity and premature death. They believe it is logical, therefore, that sickness insurance should be linked with insurance against invalidity and death, since social insurance is concerned not only with effects but with causes. In preventing and curing disease an important objective is to prevent disability and premature death. To this end, the Workers' Fund has gradually increased and improved its health services in the urban and rural areas.

### Preventive Medicine

From 1933 to 1938 the emphasis in the social insurance program was gradually changed from curative to

preventive medicine. Previously the existence of disease was known only through those who, on their own initiative, consulted a physician. Nothing was known of the latent diseases in people who, for one reason or another, had not received medical advice or treatment—the case for a large majority of the population. Nationwide inquiries under the direction of the Ministry of Health were conducted among the various population groups. The study led to the selection of certain diseases which were responsible for much invalidity and were susceptible to preventive treatment. The most common causes of illness and death were tuberculosis, venereal disease, and cardiovascular disease, all of which are discoverable and curable if caught in the early stages. It has been estimated that these caused some 60 percent of all deaths among the working population, 56 percent of all hospital cases, and 38 percent of the latent morbidity in apparently healthy persons examined by the medical services of the insurance institutions.<sup>19</sup> Tuberculosis alone annually accounts for the death of more than 3,000 members of the Workers' Fund, or more than 1 death in 3 among this group.<sup>20</sup> It was in recognition of the importance to the Nation of reducing the disease rate and in an attempt to transfer a large segment of medical service from individual to public control that the Preventive Medicine Law (*Ley de Medicina Preventiva*) was enacted.<sup>21</sup> For the first time, free periodic compulsory medical examinations were provided and systematically carried out for the great majority of manual workers and salaried employees—that is, about 25 percent of the total population of the country. The law obligates all social insurance agencies to establish medical services or to enter into agreements among themselves that will provide the necessary bene-

fits for their members. The Workers' Fund was able to incorporate the preventive medicine provisions into its already existing medical structure.

Between 1938 and 1946 the Workers' Fund made 863,505 health examinations of its members.<sup>22</sup> These examinations make it possible to ascertain and to diagnose at an early stage latent or unsuspected cases of tuberculosis, syphilis, and heart disease. It has also been possible to utilize the data from the examinations in discovering the variations in morbidity associated with such factors as income, occupation, and locality.

The Preventive Medicine Law also provides for total or partial preventive rest, with full wages, for a period of time determined by the possibilities of reentry into employment. Special medical boards make the decision regarding rest cures, which are granted only in cases likely to show improvement or recovery. The money subsidy enables the worker's family to carry on while he is undergoing treatment in a sanatorium. During his rest period and for 6 months after recovery, the worker is guaranteed the right to reemployment. By these means, Chile endeavors to prevent the economic dislocation that may be caused by sickness arising out of the diseases covered by the law. From the date of application of the law until 1946, 50,023 insured workers received approximately 114 million pesos (about \$3.5 million) in preventive rest subsidies.<sup>23</sup>

The public health service, the Workers' Insurance Fund, and the social welfare offices have pooled their resources to fight venereal disease. In 1943 the National Government authorized the Director General of Health to organize the country to fight this infection. Clinics have been established in Santiago, Valparaíso, and three Southern Provinces, where free treatment is given not only to insured workers but also to destitute persons. Provision has been made for beds for the isolation and treatment of infectious cases. A significant accomplishment has been the organization of new medical groups, some of which have permanent locations while others travel about serving the smaller

<sup>16</sup> Actually, the Fund stipulates maternity benefits only for 2 weeks before and 2 weeks after childbirth. However, as an employer liability provision, the Labor Code provides that working mothers are entitled to leave for 6 weeks before and 6 weeks after childbirth, with 50 percent of wages to be paid during the period. *Labor Code*, arts. 309 and 310.

<sup>17</sup> This provision is not to be confused with workmen's compensation, which is administered under a completely different law (*Law 4055* of Sept. 8, 1924), which covers all wage earners, including agricultural labor and domestic employees, against the risks of all injuries and occupational diseases. Benefits in cash and in kind are provided, as well as disability and survivor pensions.

<sup>18</sup> Julio Bustos A., op. cit., p. 27.

<sup>19</sup> Manuel de Vlado and Alejandro Flores, "Health Insurance in Chile," *The Canadian Medical Association Journal*, vol. 51, 1944, pp. 564-570.

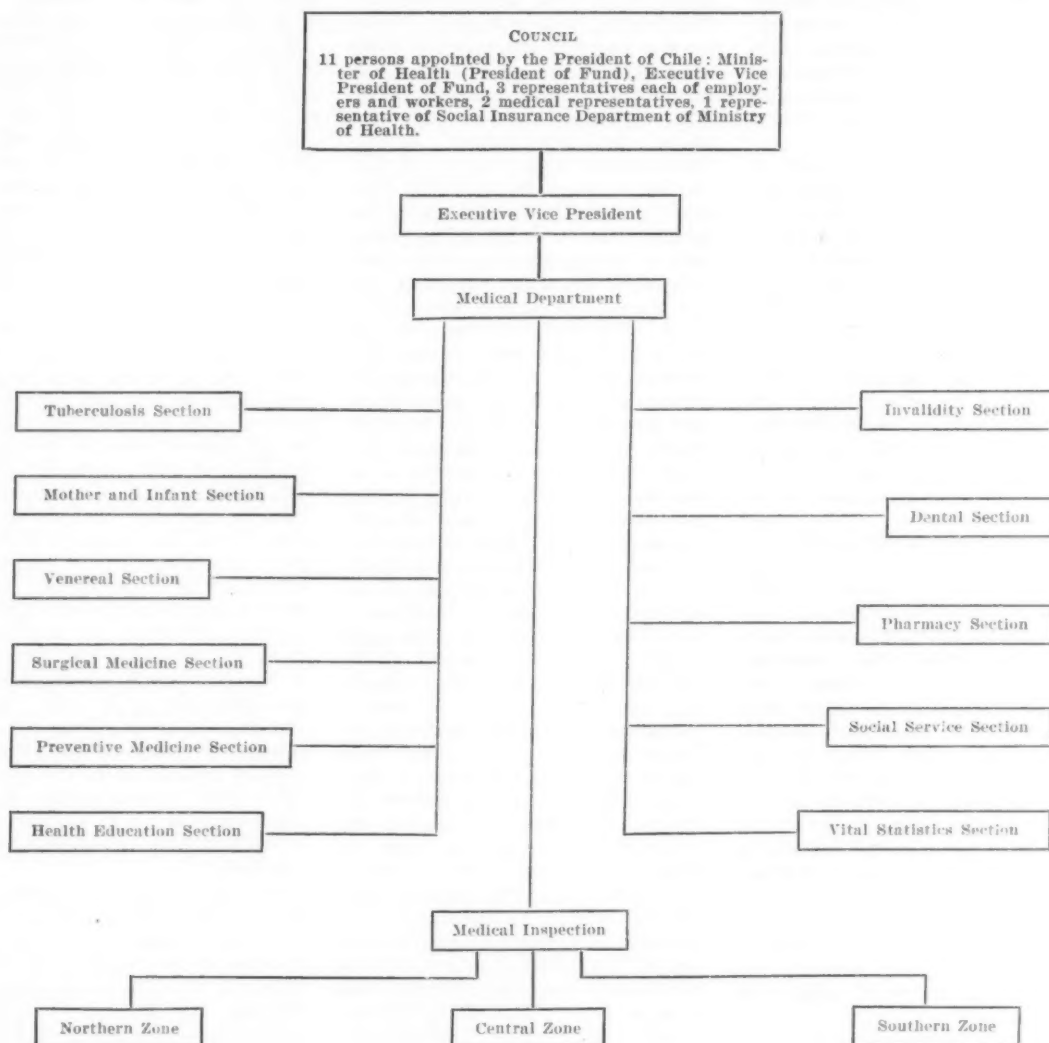
<sup>20</sup> Alfredo Rojas Carvajal and Humberto Abrahamson W., "Los Problemas de la Medicina Social en Chile y La Caja de Seguro Obligatorio," *Boletín Médico Social*, July-September 1944, p. 289.

<sup>21</sup> Law 6174 of Jan. 31, 1938, published in the *Diario Oficial*, No. 17,988, Feb. 9, 1938.

<sup>22</sup> *Boletín Médico Social*, September-October 1946, p. 527.

<sup>23</sup> *Ibid.*, p. 529.

Chart 2.—Organization of the Medical Department of the Compulsory Insurance Fund for Chilean workers, 1944



districts. These groups are composed of doctors, dentists, nurses, special workers, and auxiliary personnel, having at their disposal X-ray, laboratory, electro-cardiographic, and other equipment.

In 1944 the Rockefeller Foundation assisted in the establishment in Santiago of the first full-time health unit. Other units are planned. These health units may be one of the forces through which Chile can bring together and direct the resources of the

social security and welfare systems toward providing medical care, essentially preventive in character, for all the population.

With the realization that tuberculosis is in an epidemic stage, the Chileans have oriented their entire plan of campaign toward suppression (through isolation) of the sources of infection. To date, their activities have been limited to insured persons and remain greatly handicapped by lack of facilities. The preventive

medical service does not yet reach the families of the insured and therefore has no effect on these persons as sources of contagion. However, wives of insured persons who have received maternity care from the Mother and Child Section of the Workers' Fund are treated for tuberculosis and venereal disease after childbirth. Efforts are now being made to revise the social security legislation so as to permit complete preventive care on a family basis.

### *Administration of Medical Care*

The medical service of the Workers' Fund is under the supervision of a Director General, who is responsible for the medical policy of the program. For the purpose of administering the medical service, the work is divided into 11 sections (chart 2) corresponding with the need as shown by the morbidity and mortality rates of the country. Each Province has its Provincial medical director, who represents the Fund and manages the medical services in the area.

Complete and specialized treatment for every type of illness, from both the curative and the preventive aspects, is provided insured persons throughout the country. This is accomplished through 183 clinics, 519 rural medical posts, and 82 miscellaneous services, which together employ more than 3,000 persons, about one-third of whom are physicians. These health centers include first, second, and third-class clinics, the classification depending on service, size, and location; first aid centers; rural medical posts; hospitals; sanatoria; convalescent centers; prophylactic centers; and other special establishments.<sup>24</sup> In the larger clinics, insured persons are treated by teams of physicians who are specialists, and provision is made for diagnostic and other necessary equipment such as laboratories and X-ray and other apparatus. In the smaller centers, treatment is more or less of an emergency character. The rural medical centers, which are periodically visited by specialists and dentists, include a small pharmacy and have a resident midwife or apothecary. Providing adequate medical care in the rural areas is still one of the problems with which the Fund is concerned.

In obtaining treatment at one of the large polyclinics the insured worker receives a preliminary general examination. He is then referred to a specialist who makes the diagnosis and prescribes treatment. If it is determined that the worker is prevented from working because of illness, the physician gives instructions for the payment of the appropriate sickness benefit. The physician's prescriptions are filled by the Fund's own phar-

macy. In smaller communities, authority may be given to obtain certain medicines from specified private pharmacies.

While the Fund has its own establishments for the out-patient treatment of insured persons, hospital cases are sent to institutions controlled by the Public Assistance Board. Hospitalization for insured persons is provided through contracts between the Workers' Fund and the Public Assistance Department, which operates and administers the service provided by local public hospitals. This contract arrangement has not proved entirely satisfactory, from the point of view of either the cost or the service provided. For this reason, the Council of the Fund recommended in 1944 that the agency build a 500-bed hospital in Santiago to provide hospitalization for its members. Recently the necessary capital was made available for the construction of the new hospital. Some of the clinics that are located in small towns at considerable distance from the big urban medical centers have a few beds for emergency hospitalization, with a resident auxiliary personnel and a surgical service.

The Council of the Fund and the Public Assistance Board agree periodically on the payments to be made by the Fund for hospitalization service to insured workers. The basis used in determining the payments is usually a flat daily rate for each patient hospitalized. On rare occasions the Fund reserves a stipulated number of wards, whether or not they are occupied by insured patients. In certain mining regions the Fund has entered into contracts with private employers, who agree to provide the insured employees with the medical care to which the workers are entitled under the social security law. In such instances, a portion of the employer's social security contribution is returned by the Fund. These arrangements are usually made in isolated areas, where the medical services established by the company (usually a mining firm) have existed for years. The Fund, of course, may control and check the medical care provided and may terminate the agreement if the service is found to be unsatisfactory.

To obtain hospitalization, the insured person must first be examined

by a medical officer of the Fund. If it is found that the patient requires hospital care, the Fund sends the patient to the appropriate hospital. If necessary, the hospital physician completes the diagnosis and undertakes the usual curative treatment. When the time for the discharge of the patient arrives, the hospital physician signs the release. In small towns where the Fund's physicians are also the hospital physicians, no question arises of interference or of disagreement as to diagnosis. This is also true with respect to specialist treatment in large cities. However, if disagreements should arise, the director of a hospital, who in Chile is always a physician, decides the matter. Medical inspectors are appointed both by the insurance Fund and by the welfare authorities. Their functions within their respective services include the settling of any disputes arising between the physicians of the Fund and those of the welfare service.

### *Welfare Activities*

As of December 1945 the Fund had accumulated reserves amounting to over 810 million pesos. When the present investment policy was initiated in 1932, those responsible for the administration of the agency at that time realized the important role the Fund could play, not only in the economic life of the Nation but also in improving the social and economic well-being of the Chilean worker. In effectuating this policy, considerable sums have been invested in buildings and equipment, such as tuberculosis sanatoria, dispensaries, and hospital improvements.

To help alleviate the severe shortage of housing for workers, the Fund has cooperated with the Popular Housing Fund (Caja de Habitación Popular, an institution created in 1936 for the construction of low-cost houses) in the construction of workers' housing projects. The law which created the housing agency authorized the Workers' Fund to transfer sums annually to the housing Fund under an agreement whereby the insurance Fund retains title to the houses. Under this program the housing Fund had by 1941 built for the Workers' Insurance Fund 16 projects housing almost 10,000 persons, plus 11 apartment buildings with

<sup>24</sup> Manuel de Vlado and Alejandro Flores, *op. cit.*

space for about 2,000 persons. By 1944 the insurance Fund had invested 138 million pesos in 20 projects distributed throughout the country, with a total of 5,300 houses.<sup>28</sup> The agency plans to invest funds in building 200 houses for coal miners in the Concepción area. Additional money will be supplied by the housing agency, which will supervise the construction of the project.

In 1935 the Fund built the first milk-pasteurization plant (Central de Leche) in Santiago for the purpose of combating malnutrition and disease by increasing the consumption of milk and ensuring a sanitary supply.

To improve agricultural methods and to raise rural standards of living the Fund has purchased large tracts of land, including seven large farms. Besides the benefit the rural population has derived from this phase of the Fund's activities, the projects have proved a financially successful investment. In 1943 the value of the investment had appreciated about 80 percent, and by now the appreciation is much greater.

For a while the Fund attempted to provide low-cost clothing for workers through the operation of its own clothing shops. This undertaking proved a financial burden, however, and had to be abandoned.

These are but a few of the diversified social and welfare projects of the Fund. Some of the enterprises resulted in financial losses, but the directors of the agency are convinced that they have been essential investments to improve the social well-being of its members and that they result, in the long run, in social benefits which far outweigh the financial losses to the Fund.

### Financing and Disbursements

The Workers' Fund is financed by workers, employers, and the Government. In general, workers pay 2 percent of earnings, employers 5 percent of pay rolls, and the Government 1½ percent of these pay rolls. Self-employed individuals and voluntary contributors pay 4½ percent of their income, and the Government contributes 3½ percent, making a total of 8 percent. In mining zones and in the Provinces of Tarapaca, Antofagasta,

Table 1.—Chile: Social insurance contributions, Workers' Insurance Fund (Caja de Seguro Obligatorio)

Source	Contributions as percent of wages <sup>1</sup>
Employed worker, total	8.50
Worker, social insurance (Law 4054)	2.00
Employer	5.00
Social insurance (Law 4054)	3.00
Preventive medicine (Law 6174)	1.00
Low-cost housing (Law 6172)	1.00
Government	1.50
Social insurance (Law 4054)	1.00
Mother and child (Law 6236)	.50
Voluntary and independent insured worker, total	8.00
Worker	4.50
Social insurance (Law 4054)	3.50
Preventive medicine (Law 6174)	1.00
Government, social insurance (Law 4054)	3.50

<sup>1</sup> In certain Provinces and mining camps, each of the 3 groups pays 1 percent additional to cover the greater cost of providing medical care in these areas.

<sup>2</sup> Workers may voluntarily contribute an additional 5 percent to extend medical benefits to their families which are otherwise excluded from all provisions except those for mothers and children.

and Magallanes, the contribution rates of employers and workers are increased 1 percent, as are those for the self-employed and voluntary members in these areas, because of the additional cost of providing medical services in remote areas.

These contributions are made by means of a stamp system.<sup>29</sup> Each worker receives a stamp book. The employer buys stamps from an office of the Fund and affixes in the stamp book the number necessary to cover the amount of his contributions as well as the worker's, whose share has been deducted from his wages. When a worker changes his employment, he takes his stamp book with him, but otherwise it is left with the employer. At the end of each year the worker is required to take the book to the office of the Fund so that it may be checked. Table 1 gives a break-down of the contributions paid by workers, employers, and Government, and percentages earmarked for special purposes.

The average percent of pay rolls represented by contributions throughout the country is somewhat higher

than the normal rates shown in table 1. This difference is accounted for by the contributions from self-employed and by voluntary contributions and the increased rates in specified Provinces and mining camps. In 1945, for example, employer contributions averaged 5.02 percent of pay rolls; contributions from insured workers, 2.25 percent; and the Government's share, 1.99 percent; making a total of 9.26 percent. To these contributions must be added interest on reserves and investments and other income amounting to 1.02 percent of total workers' pay rolls. The Fund's total income of 598.4 million pesos in 1945 was equal to 10.28 percent of the covered workers' pay rolls, which totaled 5,817 million pesos.

The general sources of income of the Fund in 1945, by percent of total, were: employers' contributions, 48.7 percent; workers' contributions, 21.9 percent; Government, 19.3 percent; interest and other income, 10.1 percent.<sup>30</sup>

That the Chilean social insurance system for workers is primarily one of health insurance becomes evident when an analysis is made of the proportion of the Fund's income spent on health measures. During 1945 the total income of the Fund was 598.4 million pesos, of which 495.5 million was expended on benefits and administrative and investment costs. The surplus of 102.9 million pesos was transferred to the reserve account. Of the 495.5 million pesos expended, nearly 73 percent related to health, in the form of either medical services or cash benefits for sickness or disability.

While annual income has consistently exceeded expenditures, the surplus has not been sufficient to cover the estimated actuarial value of the future obligations of the Fund toward its members. The Fund's actuarial deficit has long been the source of much concern among Chileans. This deficit has been caused by many factors, the most fundamental being the depreciation in the Chilean currency and its effect on the receipts,

<sup>28</sup> For a more detailed summary of the Chilean stamp system see Wilbur J. Cohen, "Foreign Experience in Social Insurance Contributions for Agricultural and Domestic Workers," *Social Security Bulletin*, February 1945, pp. 5-6.

<sup>29</sup> The percentages are based on figures published in the Fund's balance sheet. "Balance General de la Caja de Seguro Obligatorio, January 1-December 31, 1945," *Boletín Médico Social*, May 1946, pp. 279-286.

<sup>28</sup> *Boletín Médico Social*, July-September 1944, p. 256.



investments, and disbursements of the Fund.

Various statistical calculations have been made in an attempt to estimate the percentage actuarial deficit accruing each year. Dr. Julio Bustos A., head of the Department of Social Insurance of the Ministry of Health, has arrived at an estimated annual deficit of 1-1.6 percent of pay rolls.<sup>22</sup> At a later date, Mario Arteaga, chief of the Fund's Actuarial Department, indicated that the annual deficit is 2.32 percent.<sup>23</sup> The deficiency has resulted in proposals for changing the law.

### Proposed Changes in the Law

Chileans familiar with the problem are the first to realize that, while the Fund has performed an admirable job, particularly with respect to health protection, it still falls short of complete coverage of risks and benefits. To remedy this lack, proposals have been made by the Chief of the Social Insurance Department of the Ministry of Health for modifications in both benefits and contributions.<sup>24</sup> The plan, as proposed in 1942 and still pending in the Chamber of Deputies, provides for contributions of 4 percent of wages by the insured individual and 10 percent by the employer, plus 1 percent additional for unemployment insurance. Self-employed persons are to pay 6 percent. The general Government contribution would range from 2 percent to 11.5 percent of wages, depending on the level of the pension to which the worker would be entitled. In addition, a 2-percent sales tax is proposed to help finance the benefits. Contributions and benefits would be determined on the basis of wage classes, of which there would be nine for employed persons and seven for the self-employed.

The proposed law would provide better protection of the health of the worker by integrating the Preventive Medicine Law more closely with the general Workers' Fund than is the

case today. The family unit is considered the focal point, and dependents as well as workers would be given complete medical attention for an unlimited period instead of the maximum of 52 weeks that now only the worker may receive. Child care is extended to age 16 from the present 2-year period. Increased cash benefits are provided, and the treatment of contagious diseases would be extended to persons with incurable as well as curable diseases. By preventing the spread of disease from the worker to his family and by early diagnosis, complete treatment, and chance for recuperation, the proposed law attempts to reduce greatly the risk of sickness among Chile's working classes.

Cash benefits for old age and invalidity, and those for surviving dependents, would be a basic benefit plus the amount of contributions paid in, supplemented by dependents' benefits. The base pension in each case would be 25 percent of the monthly base wage (the average wage for the last 5 years) or 60 percent of the average general wage (total salaries divided by total contributors), whichever is greater. This would be increased by amounts corresponding to the insured worker's share of the contributions, plus 10 percent of the average general wage with respect to each child under 14.

The definition of disability is changed from absolute total incapacity for work to partial incapacity. To be eligible for invalidity benefits, the worker must be less than 60 years of age, have 1 year's affiliation with the Fund, and have paid contributions for at least half the time he has been a member. A provisional pension would be paid for 5 years, and if the worker should regain 50 percent of his capacity the pension would be suspended.

For receipt of an old-age pension at age 55 or 60, the bill requires the payment of 800 weekly contributions for men and 500 for women, with coverage for at least one-half the time following entry into the Fund.

Survivor pensions, now nonexistent, are also provided for in the proposed law. The payment would consist of 30 percent of the base pension, plus the amount of contributions the insured has paid to the Fund. His

family would also receive a funeral payment of 10 percent of the average annual general wage. Orphans' pensions would be paid to children under 15 years of age.

### Salaried Employees' System

As was pointed out earlier, benefits for salaried employees differ from those for manual workers and are administered under different laws. Approximately 200,000 employees are contributors to more than 40 Funds, which are supported primarily from employee and employer contributions. The Government does not contribute to these institutions except when it is itself the employer.

The largest of these Funds is the Social Insurance Fund for Private Employees, which dates back to 1925 and now numbers about 100,000 members; most of the other Funds are patterned after this agency.

### Financing

Contributions to the Private Employees' Fund are high, but benefits likewise are substantial. In 1946, employees paid the following amounts to the Fund from salary and commissions: 5 percent to the individual account in the retirement fund, 2 percent for the family allowance benefit, and 1 percent for the unemployment subsidy. Besides this 8 percent, the employee also contributes an amount equal to half his first month's salary and also the amount of any wage increases; these sums are payable only once, for the first pay period.

The employer pays the following proportion of salary and commission pay roll: 5 percent for the individual account in the retirement fund, 8.33 percent for the severance-pay fund, 8.62 percent for the family allowance fund,<sup>25</sup> and 1 percent for preventive medicine. The retirement fund contributions include a 10-percent deduction from family allowances and 10 percent of the annual compulsory profit-sharing bonus. The severance-pay fund also receives 8.33 percent from family allowances.

<sup>25</sup> The 8.62 percent is for 1945. The size of the family allowance is changed each year, and the relative amount of the employer's contribution is changed correspondingly; for the basis on which the changes are made see the section on family allowances.

<sup>22</sup> Julio Bustos A., *La Seguridad Social* (Santiago), 1942, pp. 60-66 and 142-174.

<sup>23</sup> *Boletín Médico Social*, July-September 1944, p. 269.

<sup>24</sup> Julio Bustos A., *Reforma de las Leyes 4054 y 4055* (Santiago), 1946. For a summary of the proposed changes see "Inter-American Committee on Social Security," *Provisional Bulletin No. 4* (1943), p. 36 and chart following.

### **Retirement, Invalidity, and Death Benefits**

An employee is entitled to a refund of the amount in his individual retirement account, which he may elect to receive either in a lump-sum payment or in monthly installments. This refund may be made if the employee has completed 30 years' service and is 50 years of age or if, after 5 years of service, because of sickness or permanent disability, he is found to be completely incapacitated for any work. If the employee leaves the country permanently, he may withdraw his funds after 1 year's absence.

If the contributor dies, the amount in his individual account is paid to his heirs. The Fund also pays the survivors 1,000 pesos toward defraying funeral expenses.

### **Personal and Mortgage Loans**

If after paying a year's contributions the employee is not indebted to the Fund, he may receive a personal loan of up to 50 percent of his account. He must justify his request before the proper authorities and at the end of 3 months must begin to repay the loan in monthly installments.

The Fund is authorized, moreover, to make short and long-term loans to its members for the purchase of rural or urban property and for the construction and improvement of dwellings for the members' use or for rent. To be eligible for loans, members must have paid 3 years' contributions, they must not be indebted to the Fund for an earlier mortgage loan or for a personal loan of more than 10,000 pesos, their retirement account must equal at least half the down payment required, and they must have an annual income of not less than 35 percent of the carrying charges on the loan.

The amount of the loan cannot exceed 85 percent of the valuation the Fund places on the property up to 125,000 pesos; for property with a higher value the loan is decreased 1 percent for every 10,000 pesos. On property valued at 135,000 pesos, for example, the Fund could advance only 84 percent.

While the provision for mortgage loans is not a social insurance benefit in the strict sense, it is unquestionably one of the most important advantages derived from membership in the or-

ganization. It is particularly important at this time, when inflation has decreased the purchasing power of pensions and increased the value of real estate.

### **Unemployment Benefits and Dismissal Wages**

The employee who has been a member of the Fund for a year and who is able and willing to work but unable to find employment may draw unemployment benefits. The amount of the benefit is determined in June and December of each year by the Fund's Council. The sum is determined within a statutory range which runs from 75 percent of the current legal minimum salary to as much as four times this salary. In 1946 the amount paid was 75 percent of the minimum salary applicable in each community. Payments are made for a period of 90 days and may be extended for an additional 90 days in special cases. No waiting period is required.

There is also a loan provision in case of unemployment. If after 2 years of service a member of the Fund becomes unemployed for any reason, he may receive a loan up to 50 percent of his account the first year and 30 percent the second, and after 2 years of unemployment he may liquidate his fund.

Upon termination of employment, regardless of cause, the employee receives the lump-sum amount accumulated in his individual account in the severance-pay fund. The amount is equivalent to 1 month's pay for each year served.

### **Family Allowances**

The Fund pays a family allowance for the wife, mother, and each legitimate, natural, and adopted child under age 18, provided they do not have other income greater than the current legal minimum salary in the locality. The Council of the Fund fixes the amount of the allowance annually on the basis of its estimate of probable receipts of the family allowance fund and of the estimated total number of dependents for whom allowances will be paid during the year. A deficit or surplus resulting from miscalculations during the previous year is taken into account the following year. The

amount of the allowance paid for each dependent remains fixed regardless of salary, except that the benefit is reduced in the case of employees who for some reason—such as age or part-time work—receive less than the minimum wage. The amount of the family allowance fixed by the Fund for each dependent for 1946 was 170 pesos per month. The actual net payment was 143.70 pesos because of deductions of 14.40 pesos for the retirement fund and 11.90 pesos for the severance-pay fund.

### **Medical Benefits**

The only medical benefits to which the members of the Fund are entitled are those provided under the Preventive Medicine Law described under the Workers' Fund. A few of the other salaried employees' Funds, however, do make provision for medical benefits. In November 1942 the National Medical Service for Employees (Servicio Médico Nacional de Empleados) was established. This is the common medical service of all the social insurance Funds for salaried employees, merchant marine officers, and public officials. The organization is set up regionally and is designed to carry out the systematic health examinations required by the Preventive Medicine Law. It also administers the curative medicine services for Funds that provide this benefit for its members. The Service may also authorize medical loans and provide direct aids, such as orthopedic and other appliances, to its contributors.

### **The Medical Profession and Public Medicine**

The Chilean medical profession is organized in the Chilean Medical Association (Asociación Médica de Chile) to which practically all the physicians in the country belong.<sup>22</sup> The Association has adopted a defi-

<sup>22</sup> Three federations constitute this Association: the Federation of Hospital Physicians, to which all medical officers of the Public Assistance Board belong; the Federation of Sanitary Physicians, made up of the medical officers of the Government Sanitary Bureau; and the Federation of Social Insurance Physicians, consisting of the medical officers of the insurance Funds. Manuel de Vlado and Alejandro Flores, *Organized Medical Care in Chile*, p. 327.

nite position toward social insurance, and toward sickness insurance in particular. Emphasizing preventive rather than curative action only, it has urged for many years that the care of "human capital" should start with the creation of a healthy environment. It has further urged that, as a matter of national policy, social insurance benefits should be supplemented by social assistance. Most of the members favor the integration of the Nation's three main medical services—public health, public assistance, and health insurance—and the establishment of provisions that would assure a career service for physicians associated with a unified public medical organization. Above all, they have accepted the thesis that the primary function of physicians is to care for the health of the Nation and that all other considerations should be subordinated.<sup>33</sup> Practically all of Chile's 3,000 physicians are practitioners full time or part time in the Public Health Department, the social insurance Funds, or the Social Assistance Department. A large number of these are employed by the Workers' Fund. The minimum requirement for appointment is a degree in medicine and surgery from the University of Chile. When a vacancy occurs, appointment is made by competitive examination. The physicians work an agreed number of hours per day and receive a salary proportionate

to the hours of work. A salary scale is attached to each grade, and promotion depends upon merit and seniority.

These physicians are not Government employees but rather employees of a corporate body, just as if they were employed by a corporation, business, university, hospital, or research center. Therefore, the question of "state medicine" does not arise.

The Workers' Fund provides various measures for the further training of its medical and auxiliary staff. These include visits for study in foreign universities, special courses, attendance at scientific conventions, and prizes for works published on social medicine. These items are financed out of the annual budget of the Fund's Medical Service. In 1942 a group of 18 physicians was sent to the United States for 3 months to study the progress made in various branches of medicine. Selection was based on qualifications, territorial distribution, and area of specialization.

### Conclusion

Chile has made tremendous strides in the field of social welfare. Social security has proved a vital force in combating the malnutrition, poor housing, bad health, and disease that prevail so widely throughout the country. Special attention has been given to the health of mothers and infants and to campaigns against tuberculosis and venereal diseases. In 1944, 22.3 percent of the total expenditures of the Medical Department of the Workers' Fund was devoted to the Mother

and Child Service.<sup>34</sup> Infant mortality rates have shown a decided downward trend since the creation of this Service in 1935. In 1900 the infant mortality rate for the entire country stood at 343 per 1,000 live births. In 1936 the rate was 252, and in 1945, 184, whereas the infant mortality rate for the Workers' Fund in 1945 was 93 per 1,000 live births.<sup>35</sup>

Greater emphasis has been placed on health education. As a result of this and other public health activities, mortality rates have decreased from 253 per 100,000 population in 1936 to 200 per 100,000 in 1945.<sup>36</sup>

The data collected in the investigation of health conditions and the definite improvement observed through the operation of the Chilean health insurance program have convinced the medical profession and the Government of the wisdom and necessity of unifying and coordinating all institutions concerned with health protection. Chile is convinced that the close relationship which exists between health problems and general economic and social factors makes it imperative to reorganize the medical services into a comprehensive and planned system, combining medical attendance and social and economic assistance, not only for the insured persons but also for their families. This is the direction indicated for future development.

<sup>33</sup> "Recommendations of the Social Insurance Doctors' Federation," *International Labour Review*, October 1943, pp. 530-532.

<sup>34</sup> *Boletín Médico Social*, July 1946, p. 379.

<sup>35</sup> *Boletín Médico Social*, December 1946, p. 735, graph.

<sup>36</sup> *Ibid.*

## Employment Security

### Unemployment Claims and Benefits

#### State Programs

Initial claims for unemployment insurance dropped again in March but by only 1 percent in contrast to the decline of 28 percent in February. The March decrease is more significant than the small percentage would indicate, however, since there were 2 more reporting days in March than in February. A slight drop in the average weekly number of continued claims indicates that the seasonal unemployment that began in late December continued to taper off. The total number of continued claims in the month rose slightly, from 4.5 million to 4.7 million, because of the longer workmonth. Better weather conditions and the improved supply of natural gas for industrial use, as well as the winding up of seasonal unemployment, were the principal factors in the weekly decline in both types of claims. Though benefit payments increased from \$65.9 million to \$71.5 million, the relative increase was no greater than the relative increase in the number of reporting days in March.

Although initial claims for the country declined by only 6,000 during the month, all but 15 States reported fewer initial claims than in February (table 2). The decline was due entirely to the drop of 40,400 in new initial claims. Additional claims, representing second and subsequent spells of unemployment, rose from 253,100 to 287,000. Pennsylvania recorded the largest decrease in initial claims, 13,600, attributed largely to the improvement in the supply of natural gas for industrial use during the latter part of the month; the resultant recall of workers by many plants in the western part of the State that had been forced to curtail or suspend operations during the shortage more than offset a temporary lay-off by a locomotive plant during the early part of the month. Decreases of 5,200 in Ohio and 2,600 in West Virginia were also due largely to the recall of workers temporarily laid off during the gas

shortage. In Oregon and Washington the declines of 2,300 and 4,300, respectively, reflected improved weather conditions that gave impetus to construction, logging, and agricultural activities. Several States reported smaller absolute but significant relative decreases. Among these were Alaska, Delaware, Maryland, Nebraska, North Dakota, and South Dakota, which reported declines of 32-53 percent during the month. In New York an increase of 32,200 was outstanding and was due chiefly to curtailed activities in the garment industry, which is concentrated largely in New York City. The bulk of this increase was in additional initial claims.

The increase in continued claims during March was widespread, occurring in 34 States, which included all States in Regions I, II-III, and IV (table 3). The largest increases amounted to 63,600 in Pennsylvania, 54,500 in New York 41,400 in California, and 34,400 in New Jersey. The longer workmonth was a primary factor in all these increases. Among the smaller States to report relative increases of 25 percent or more were New Hampshire, North Carolina, Rhode Island, and Vermont. The declines of 42,200 in Michigan and 26,100 in Washington were highly significant. Nearly half the decrease in Michigan

was accounted for by the drop in waiting-period claims from claimants who returned to work before completing a week of unemployment. In Washington the decrease, as in initial claims, was the result of improved weather conditions that permitted a rapid expansion of logging and construction. Preseasonal agricultural activity also absorbed some of the unemployed.

All but eight States reported increases in benefit payments during March, resulting in a national increase from \$65.9 million to \$71.5 million (table 4). New York and Pennsylvania each reported a rise of more than a million, and New Jersey and California had increases of more than a half million. Massachusetts, Michigan, and Washington, on the other hand, reported declines ranging from \$100,000 to \$300,000.

The size of the average weekly benefit check dropped from \$17.88 to \$17.72 in March, the fourth successive month it has declined (table 4). Since October 1946, when the weekly benefit payment averaged \$18.36, the average check has dropped \$1 or more in 12 States. In 3 States—Hawaii, Iowa, and Maine—it dropped \$2 or more. The decline in the size of the payments to women has been greater than that for men. Twenty-seven States, including all States in Regions VIII and X reported a drop of \$1 or more in the average check for women since October 1946, and in 7 States—California, Delaware, Hawaii, Iowa,

Table 1.—Summary of unemployment insurance operations, March 1947

Item	Number or amount	Amount of change from—	
		February 1947	March 1946
Initial claims.....	1 725,000	-6,000	-48,000
New.....	1 438,000	-40,000	-120,000
Additional <sup>2</sup> .....	1 287,000	+34,000	+72,000
Continued claims.....	1 4,683,000	+195,000	-2,781,000
Waiting-period <sup>3</sup> .....	1 413,000	-55,000	-143,000
Compensable.....	1 4,270,000	+250,000	-2,638,000
Weeks compensated.....	4,083,065	+352,510	-2,814,689
Total unemployment.....	3,903,652	+346,373	-2,817,026
Other than total unemployment <sup>4</sup> .....	179,413	+8,137	+2,337
First payments.....	321,541	-35,747	-179,716
Exhaustions.....	113,294	+11,788	-136,163
Weekly average beneficiaries <sup>5</sup> .....	6 974,125	+70,210	-617,676
Benefits paid <sup>7</sup> .....	\$71,524,457	+\$5,614,683	-\$55,488,679
Benefits paid since first payable <sup>8</sup> .....	\$3,927,536,669		
Funds available as of Mar. 31.....	\$6,903,623,413	-\$32,951,579	+\$144,066,147

<sup>1</sup> Includes estimates for Georgia, Illinois, and Ohio.

<sup>2</sup> Excludes Texas, which has no provision for filing additional claims; also Maryland before April 1946 and Ohio before September 1946.

<sup>3</sup> Excludes Maryland, which has no provision for filing waiting-period claims.

<sup>4</sup> Excludes Montana, which has no provision for payment of other than total unemployment.

<sup>5</sup> Before July 1946, computed from weeks compensated in the calendar month; beginning July 1946, computed from weeks compensated in the weeks ended during the month.

<sup>6</sup> Includes estimate for Illinois for week of March 1.

<sup>7</sup> Gross; not adjusted for voided benefit checks and transfers under interstate combined wage plan.

<sup>8</sup> Net; adjusted for voided benefit checks and transfers under interstate combined wage plan.



Maine, Nebraska, and South Dakota—the average dropped by \$2.

Beneficiaries averaged 974,100 a week during March as compared with 903,900 during February, despite a de-

crease in the average weekly number of compensable claims received (table 1). The disparity between compensable claims and beneficiaries is explained by the lag between the taking

of a claim for compensable unemployment and the actual payment. Among the larger industrial States, Massachusetts, Michigan, New York, Pennsylvania, and Washington

Table 2.—Initial claims received in local offices, by State, March 1947

[Data reported by State agencies; corrected to Apr. 16, 1947]

Region and State	Total <sup>1</sup>				New	
	All claimants	Amount of change from—		Women claimants	Inter-state as percent of total	All claimants
		February 1947	March 1946			
Total <sup>2</sup> .....	725,000	-6,000	-48,000	310,000	5.8	438,000
Region I:						
Conn.....	8,964	+421	-2,282	4,013	4.1	5,678
Maine.....	4,288	+287	-1,177	1,721	5.2	3,143
Mass.....	29,768	+1,205	-7,170	14,097	3.1	17,887
N. H.....	2,598	-244	+1,360	1,176	8.6	1,584
R. I.....	7,519	+2,113	-335	3,734	3.1	5,542
Vt.....	1,263	+422	+513	442	0.4	990
Region II-III:						
Del.....	1,205	-625	-234	378	10.5	937
N. J.....	34,784	+564	-1,282	16,711	3.7	23,733
N. Y.....	176,067	+32,199	+31,545	89,904	2.5	62,519
Pa.....	70,548	-13,617	+14,793	23,641	3.2	48,361
Region IV:						
D. C.....	1,853	-318	+807	791	16.1	1,781
Md.....	5,694	-2,636	-2,232	2,346	9.4	4,218
N. C.....	10,684	+1,260	+2,662	6,776	6.3	7,741
Va.....	5,301	-447	-367	2,134	12.4	4,194
W. Va.....	7,645	-2,024	-2,556	1,785	7.9	6,552
Region V:						
Ky.....	6,084	-303	-4,042	2,164	17.9	4,662
Mich.....	34,783	+2,590	-14,323	12,240	3.5	24,375
Ohio.....	18,444	-5,218	-10,985	( <sup>3</sup> )	4.6	15,319
Region VI:						
Ill. <sup>4</sup> .....	13,839	-369	-16,769	6,024	3.7	7,103
Ind.....	4,744	-1,245	-3,167	2,051	5.3	3,334
Wis.....						
Region VII:						
Ala.....	6,658	-1,173	-3,153	2,328	9.3	5,398
Fla.....	7,363	-133	+1,541	2,989	24.3	6,077
Ga.....	8,503	+336	+1,201	( <sup>5</sup> )	5.1	6,253
Miss.....	2,826	-474	-434	1,078	19.1	2,260
S. C.....	3,591	+43	+724	1,672	10.5	2,817
Tenn.....	9,727	-1,479	-2,210	4,390	8.5	3,486
Region VIII:						
Iowa.....	2,978	-951	-1,139	1,336	10.4	2,184
Minn.....	4,781	-1,532	-3,960	1,641	7.2	3,739
Nebr.....	1,565	-893	-438	622	10.5	1,089
N. Dak.....	328	-267	-243	85	25.7	259
S. Dak.....	252	-174	-155	101	34.5	212
Region IX:						
Ark.....	4,371	-458	-2,454	1,230	27.6	3,435
Kans.....	4,145	-223	-3,167	1,385	20.9	3,115
Mo.....	21,648	+1,195	-3,758	8,700	7.6	13,086
Okla.....	5,834	-850	-3,788	1,794	19.6	4,266
Region X:						
La.....	8,593	-400	-2,948	2,305	6.7	6,925
N. Mex.....	927	-114	-179	223	34.1	787
Tex.....	13,218	-1,287	-3,154	4,623	10.3	13,218
Region XI:						
Colo.....	2,024	+34	-841	674	25.4	1,789
Idaho.....	1,341	-491	-94	545	19.8	1,027
Mont.....	1,370	-270	-764	366	14.6	1,034
Utah.....	1,890	-312	-873	545	15.4	937
Wyo.....	570	-77	+125	177	21.8	440
Region XII:						
Ariz.....	2,766	+149	-667	966	42.9	2,353
Calif.....	107,725	-419	+2,894	43,366	5.9	67,759
Nev.....	1,042	-145	+34	341	38.8	863
Oreg.....	7,907	-2,283	-2,970	2,768	11.3	5,189
Wash.....	13,288	-4,343	-6,767	4,538	8.7	6,842
Regions XIII and XIV:						
Alaska.....	125	-140	-16	43	18.4	84
Hawaii.....	413	+157	+343	223	2.2	385

<sup>1</sup> Includes additional claims except in Texas, which has no provision for filing such claims.

<sup>2</sup> Includes estimates for Georgia, Illinois, and Ohio; data not received.

<sup>3</sup> Estimated by the Bureau of Employment Security.

<sup>4</sup> Data not available.

<sup>5</sup> Since Wisconsin has no provision for a benefit year, a new claim is a claim requiring a determination of benefit amount and duration, as well as eligibility for benefits, on a per employer basis.

Table 3.—Continued claims received in local offices, by State, March 1947

[Data reported by State agencies; corrected to Apr. 16, 1947]

Region and State	Total <sup>1</sup>				Compensable	
	All claimants	Amount of change from—		Women claimants	Inter-state as percent of total <sup>2</sup>	All claimants
		February 1947	March 1946			
Total <sup>2</sup> .....	4,683,000	+195,000	-2,781,000	1,931,000	7.3	4,270,000
Region I:						
Conn.....	49,217	+6,913	-19,654	17,382	4.9	44,728
Maine.....	35,582	+1,187	-7,878	13,608	5.3	33,933
Mass.....	223,369	+2,697	+31,398	87,728	3.3	207,646
N. H.....	15,951	+4,671	+5,492	6,367	12.2	14,425
R. I.....	36,292	+7,676	-40,446	14,402	5.5	32,049
Vt.....	6,252	+1,337	-721	2,415	13.9	5,055
Region II-III:						
Del.....	11,185	+420	-4,856	2,664	9.7	10,548
N. J.....	274,013	+34,421	-198,819	113,171	3.1	256,306
N. Y.....	820,731	+54,481	-172,950	374,073	3.9	713,702
Pa.....	421,954	+63,573	-408,408	133,298	4.4	322,096
Region IV:						
D. C.....	21,441	+2,672	+12,324	8,121	9.8	20,160
Md.....	54,402	+2,781	-52,337	22,082	3.3	54,402
N. C.....	56,222	+12,996	+12,588	36,107	8.3	49,579
Va.....	35,474	+5,876	-7,641	13,312	13.8	33,023
W. Va.....	65,636	+5,524	-26,999	14,819	9.7	68,219
Region V:						
Ky.....	43,374	+1,532	-66,118	14,772	21.5	40,671
Mich.....	173,713	-49,239	-301,472	61,536	4.6	159,577
Ohio.....	143,068	+11,344	-281,380	( <sup>5</sup> )	4.5	115,233
Region VI:						
Ill. <sup>4</sup> .....	57,441	+3,964	-124,627	22,907	6.9	51,871
Ind.....	29,186	-2,924	-47,757	11,701	7.7	24,937
Wis.....						
Region VII:						
Ala.....	52,171	+2,582	-62,426	19,332	10.1	47,981
Fla.....	55,422	+6,669	+4,974	25,762	34.6	52,567
Ga.....	56,149	+7,476	-14,244	( <sup>5</sup> )	5.6	45,884
Miss.....	22,929	-2,782	-12,437	8,771	19.7	20,451
S. C.....	16,284	+775	-5,590	8,001	22.3	13,467
Tenn.....	91,400	+2,415	-38,317	40,626	8.9	85,208
Region VIII:						
Iowa.....	27,094	-295	-21,298	11,285	11.0	23,638
Minn.....	29,428	+1,891	-37,204	9,024	12.8	26,968
Nebr.....	12,763	+252	-8,085	4,457	12.3	11,236
N. Dak.....	5,391	-324	-1,608	1,380	31.8	5,282
S. Dak.....	3,691	-104	-1,372	1,392	39.4	3,546
Region IX:						
Ark.....	37,941	-3,578	-45,606	11,321	34.9	36,117
Kans.....	35,422	-355	-46,197	12,374	21.1	33,810
Mo.....	149,008	+5,658	-72,758	58,721	11.9	132,116
Okla.....	37,755	-1,141	-44,619	12,668	25.8	34,423
Region X:						
La.....	40,934	-3,645	-76,630	12,484	11.5	36,082
N. Mex.....	6,303	-450	-2,322	1,599	41.4	5,882
Tex.....	53,129	-341	-82,220	19,412	21.6	44,054
Region XI:						
Colo.....	11,766	+1,069	-6,359	3,830	34.3	10,802
Idaho.....	14,642	-855	-2,789	4,476	28.1	13,534
Mont.....	15,700	+684	-8,412	3,885	22.3	14,401
Utah.....	14,740	-2,503	-18,269	4,373	10.4	14,124
Wyo.....	3,631	+320	-202	1,164	22.6	3,195
Region XII:						
Ariz.....	14,583	+895	-6,456	5,507	53.7	13,832
Calif.....	772,052	+41,403	-198,099	372,409	5.0	721,993
Nev.....	6,545	+508	-2,392	3,491	34.1	6,248
Oreg.....	74,143	-6,638	-77,308	29,178	12.2	69,627
Wash.....	166,531	-26,141	-75,799	62,330	5.6	161,168
Regions XIII and XIV:						
Alaska.....	1,736	-1,283	+27	476	13.5	1,645
Hawaii.....	2,102	+380	+2,005	1,486	6.1	1,813

<sup>1</sup> Includes waiting-period claims except in Maryland, which has no provision for filing such claims; in some States includes claims for more than 1 week.

<sup>2</sup> Total continued claims in some States include claims for more than 1 week.

<sup>3</sup> Includes estimates for Georgia, Illinois, and Ohio; data not yet received.

<sup>4</sup> Estimated by the Bureau of Employment Security.

<sup>5</sup> Data not available.

showed a smaller average number of beneficiaries during the week ended March 29 than for the week ended March 1. The opposite was true in California, New Jersey, and Ohio.

During the January-March 1947 quarter, 95 cents was paid in benefits for every dollar collected, as compared with 83 cents in the preceding quarter

(table 5). Twelve States paid more in benefits than they collected in contributions. Among these were Alabama, Illinois, Massachusetts, New York, Oklahoma, and Washington; these States had also reported an excess of benefits over collections in the preceding quarter. The ratio of benefits to collections was 194 percent in

Massachusetts, 174 percent in Washington, and 143 percent in California. At the other extreme were nine States<sup>1</sup> where benefit payments were less than a third of collections. It is notable that none of the larger indus-

<sup>1</sup> Arizona, Colorado, Florida, Hawaii, Mississippi, Montana, New Mexico, North Carolina, Vermont.

Table 4.—Number of weeks compensated and amount of benefits paid for all types of unemployment, and average weekly payment for total unemployment, by State, March 1947

[Data reported by State agencies; corrected to Apr. 16, 1947]

Region and State	Weeks compensated for unemployment				Benefits paid <sup>1</sup>				Average weekly payment for total unemployment	
	All claimants	Amount of change from—		Women claimants	All claimants	Amount of change from—		Women claimants	All claimants	Women claimants
		February 1947	March 1946			February 1947	March 1946			
Total.....	4,083,065	+352,510	-2,814,689	1,624,122	571,524,457	+\$5,614,683	-\$55,488,679	\$25,324,774	\$17.72	\$15.86
Region I:										
Connecticut.....	47,119	+14,204	-80,764	14,853	961,368	+285,307	-1,731,638	247,442	20.73	17.17
Maine.....	31,031	-76	-12,728	12,008	423,108	+6,282	-260,276	127,820	13.89	10.86
Massachusetts.....	180,577	-6,122	+4,831	69,282	3,770,418	-135,072	+395,342	1,238,207	21.59	18.82
New Hampshire.....	11,876	+2,969	-5,533	4,494	167,056	+43,894	+51,508	57,255	14.43	13.31
Rhode Island.....	29,627	+3,341	-42,586	11,074	483,354	+53,889	-750,921	173,509	16.86	16.03
Vermont.....	4,115	+915	-1,629	1,610	66,611	+16,128	-28,926	22,856	16.64	14.67
Region II-III:										
Delaware.....	5,590	+1,006	-4,673	2,335	144,063	+15,784	-88,104	29,578	15.25	12.95
New Jersey.....	261,550	+32,793	-180,209	101,255	5,009,276	+621,906	-4,015,473	1,937,760	19.47	19.76
New York.....	710,523	+61,285	-247,859	324,240	13,308,093	+1,107,903	-4,881,853	5,480,018	18.80	16.87
Pennsylvania.....	356,938	+82,441	-328,045	119,935	6,091,696	+1,425,981	-6,567,461	1,741,616	17.23	14.66
Region IV:										
District of Columbia.....	16,549	+3,186	+8,660	5,801	275,997	+52,116	+138,239	91,075	16.65	15.74
Maryland.....	58,904	+2,710	-76,117	23,105	1,048,461	+48,219	-1,479,349	381,424	18.30	17.17
North Carolina.....	37,900	+7,583	+7,181	23,991	418,454	+66,791	+51,335	235,619	11.17	9.93
Virginia.....	31,438	+6,853	-7,664	14,288	390,531	+82,696	-106,937	162,097	12.54	11.46
West Virginia.....	51,761	+7,994	-18,068	12,702	733,958	+98,449	-399,352	143,776	15.40	13.62
Region V:										
Kentucky.....	32,752	+3,249	-20,669	11,637	353,022	+29,307	-304,223	116,195	10.90	10.04
Michigan.....	157,808	-13,337	-280,485	52,917	3,104,522	-293,232	-5,941,355	961,623	18.27	18.27
Ohio.....	112,602	+29,086	-255,863	39,624	1,927,623	+480,002	-5,046,534	597,516	17.35	15.34
Region VI:										
Illinois.....	233,688	+17,341	-195,686	100,462	4,217,074	+313,712	-3,740,983	1,720,566	18.41	17.49
Indiana.....	41,948	-1,291	-121,504	15,245	682,645	-29,577	-2,346,765	212,094	16.80	14.61
Wisconsin.....	22,360	-2,318	-45,707	8,782	338,525	-29,157	-844,954	118,112	16.63	14.06
Region VII:										
Alabama.....	44,493	+1,258	-68,355	16,619	635,817	+2,844	-1,265,239	204,788	14.42	12.40
Florida.....	35,152	+9,612	+430	17,042	469,943	+132,493	-22,675	214,586	13.75	13.15
Georgia.....	41,439	+5,257	-13,966	24,806	539,053	+64,244	-331,446	294,389	13.12	11.96
Mississippi.....	17,138	+3,743	-1,041	7,170	201,936	+42,002	-8,741	75,801	11.97	10.67
South Carolina.....	16,349	+4,354	+6,799	8,194	217,286	+53,951	+82,348	96,208	13.42	11.87
Tennessee.....	73,761	+9,641	-37,032	33,375	914,130	+123,414	-592,058	386,090	12.44	11.62
Region VIII:										
Iowa.....	21,998	+1,820	-15,268	8,893	308,774	+21,820	-267,839	106,682	14.27	12.26
Minnesota.....	44,703	+6,245	-48,705	12,637	610,526	+83,942	-894,021	162,971	14.86	13.19
Nebraska.....	13,830	+2,332	-4,013	4,626	206,773	+32,910	-80,920	59,887	15.24	13.28
North Dakota.....	3,582	+669	+1,023	809	60,224	+11,755	+18,146	10,483	17.36	13.73
South Dakota.....	2,596	+807	+910	960	33,643	+10,423	+12,056	11,256	13.24	12.21
Region IX:										
Arkansas.....	23,854	+136	-7,230	7,158	288,058	+2,448	-87,303	75,258	12.11	10.53
Kansas.....	31,492	-1,406	-53,999	10,538	440,398	-24,501	-919,784	137,800	14.19	13.15
Missouri.....	103,362	+436	-43,245	42,780	1,718,408	+13,018	-658,185	653,738	16.72	15.39
Oklahoma.....	41,029	+839	-40,166	13,081	658,808	+20,022	-692,124	205,730	16.18	15.14
Region X:										
Louisiana.....	44,949	+4,614	-61,613	13,457	617,395	+67,179	-885,609	157,904	13.97	12.25
New Mexico.....	3,839	+694	-1,806	918	50,287	+8,862	+22,896	10,515	13.20	11.52
Texas.....	60,920	+7,786	-61,316	19,225	817,876	+89,076	-1,114,092	222,549	13.67	11.78
Region XI:										
Colorado.....	7,711	+1,289	-1,848	2,231	105,431	+16,867	-26,036	28,534	13.78	12.92
Idaho.....	10,401	+2,424	+1,592	2,709	163,869	+36,934	+21,210	36,124	14.86	13.40
Montana.....	11,085	+2,076	-2,263	3,298	146,237	+27,836	-34,645	38,952	13.19	11.81
Utah.....	14,135	-1,027	-13,319	3,766	320,070	-26,019	-326,294	76,576	23.05	20.68
Wyoming.....	3,145	+962	+780	793	57,692	+13,174	+13,174	13,419	18.77	17.37
Region XII:										
Arizona.....	6,760	+637	-5,677	2,386	94,389	+8,709	-86,076	31,689	14.08	13.35
California.....	705,153	+38,420	-264,898	298,883	13,043,698	+632,639	-5,432,942	4,623,979	18.70	15.90
Nevada.....	5,517	+1,125	+1,899	1,755	100,012	+20,577	+34,505	29,770	18.28	17.09
Oregon.....	65,582	+2,253	-105,310	25,596	987,184	+34,174	-1,867,934	359,343	15.21	14.28
Washington.....	185,606	-8,421	-94,091	68,528	3,607,741	-192,990	-2,255,213	1,175,880	19.56	17.23
Regions XIII and XIV:										
Alaska.....	3,357	-102	-1,698	968	72,200	-3,365	-6,398	14,902	21.90	15.55
Hawaii.....	2,442	+335	+2,145	1,177	37,644	+4,847	+31,251	12,812	19.22	16.19

<sup>1</sup> Gross; not adjusted for voided benefit checks and transfers under interstate combined wage plan.

trial States was in this group. New Mexico's benefit-contribution ratio of 18.5 percent was the lowest in the Nation.

Funds available for the payment of benefits on March 31 totaled \$6,904 million, about \$44 million more than on December 31, 1946. In addition to the small excess of collections over benefits during the quarter ended March 31, a total of \$32.9 million in interest was earned by State trust-fund accounts during the period.

During March, women filed 43 percent of the initial claims and 41 percent of the continued claims. According to Census Bureau data, the relative number of women in the labor force dropped from 35 percent on V-day to 27 percent in March 1947. The number of unemployment insurance claims filed by women remains disproportionately high, however, indicating that women are having more difficulty than men in obtaining permanent and stable peacetime employment. If allowance is made for the fact that many men who otherwise would be claimants for State unemployment benefits are drawing benefits under the veterans' unemployment allowance program, the relative number of women is more nearly comparable to their representation in the labor force. Longer duration of unemployment among women is indicated by the high proportion of women—43 percent—among those exhausting benefits rights. This proportion has ranged from 46 to 49 percent since July 1946, when these data first became available.

Unemployment during the week ended March 8, as represented by the ratio of continued claims to covered employment, was 4.1 percent, the same ratio as that for January and only slightly more than for February. The increase from 3.0 to 4.0 percent in Pennsylvania and the decline from 7.3 to 6.3 percent in Oregon were the only changes among the States of as much as a percentage point. California's ratio of 8.6 and Washington's ratio of 8.1 percent were the highest in the Nation. March marked the fourth successive month in which these two states have shown the highest ratios. The ratio for March in four States—Colorado, Indiana, Ohio, and Wisconsin—was less than 2 percent, although for all but Wisconsin

Table 5.—State unemployment insurance funds available for benefits as of March 31, 1947, contributions and interest, benefits paid, and ratio of benefits to contributions, January-March 1947, by State <sup>1</sup>

[Corrected to Apr. 18, 1947]

Region and State	Funds available for benefits <sup>2</sup> (in thousands)		Income, January-March 1947 <sup>3</sup>			Benefits paid, January-March 1947 <sup>4</sup>	Benefits as percent of contributions	
	As of Mar. 31, 1947	Amount of change from Dec. 31, 1946	Contributions and interest <sup>5</sup>	Contributions	Interest		January-March 1947	Cumulative since beginning of program
Total.....	\$6,903,623	+\$43,580	\$256,603,866	\$223,704,751	\$32,899,115	\$212,457,456	95.0	38.8
Region I:								
Conn.....	186,850	+5,257	7,645,115	6,758,630	886,476	2,388,627	35.3	28.4
Maine.....	38,736	+459	1,740,865	1,555,622	185,243	1,279,120	82.2	39.2
Mass.....	192,398	-4,985	7,236,461	6,305,058	931,403	12,221,420	193.8	52.1
N. H.....	26,313	+656	1,060,020	836,401	123,619	403,917	43.1	30.4
R. I.....	79,509	+2,093	3,450,318	3,074,507	375,811	1,356,941	44.1	41.3
Vt.....	14,553	+447	611,922	543,542	68,380	165,219	30.4	25.6
Region II-III:								
Del.....	13,921	+5	381,241	315,067	66,174	376,321	119.4	32.3
N. J.....	441,631	+5,160	19,791,167	17,681,745	2,109,422	14,681,260	82.7	32.9
N. Y.....	972,539	-5,570	36,334,763	31,677,067	4,657,696	41,904,526	132.3	45.0
Pa.....	593,008	+3,167	19,051,392	16,260,842	2,820,650	15,562,856	95.7	39.8
Region IV:								
D. C.....	45,097	+79	790,263	576,294	213,969	711,743	123.5	29.7
Md.....	116,916	+740	3,807,210	3,252,320	554,890	3,063,814	94.2	39.5
N. C.....	125,573	+3,794	4,964,280	4,370,036	594,244	1,170,543	26.8	21.8
N. Va.....	72,640	+1,897	2,903,164	2,559,894	343,270	986,599	38.9	31.8
W. Va.....	72,144	+659	2,704,660	2,361,576	343,085	2,050,110	86.8	39.0
Region V:								
Ky.....	95,930	+1,206	2,519,417	2,066,119	453,298	1,141,826	55.3	23.4
Mich.....	213,016	-377	10,671,546	9,667,700	1,003,846	11,048,785	114.3	64.6
Ohio.....	500,039	+10,472	16,089,518	13,715,029	2,374,489	5,617,652	41.0	26.0
Region VI:								
Ill.....	484,673	-372	12,319,008	10,002,610	2,316,398	12,690,698	126.0	38.8
Ind.....	181,199	+2,647	4,725,397	3,864,318	859,079	2,076,821	53.7	36.3
Wis.....	194,200	+2,551	3,639,741	2,714,707	925,034	1,089,184	40.1	19.3
Region VII:								
Ala.....	56,089	-86	2,026,017	1,756,763	269,254	2,091,949	119.1	49.8
Fla.....	67,055	+2,835	4,041,454	3,724,745	316,709	1,206,764	32.4	32.8
Ga.....	89,148	+2,936	3,764,822	3,341,399	423,423	1,463,493	43.6	26.2
Miss.....	33,705	+1,533	2,084,747	1,926,231	158,516	551,400	28.6	27.3
S. C.....	45,525	+1,219	1,779,688	1,567,439	212,249	560,393	35.8	23.0
Tenn.....	94,295	+1,470	4,086,197	3,637,776	448,421	2,613,960	71.9	36.2
Region VIII:								
Iowa.....	60,344	+1,594	2,426,477	2,098,933	327,484	832,845	30.7	26.1
Minn.....	103,956	+3,042	4,581,384	4,095,800	485,584	1,534,451	37.5	36.1
Nebr.....	28,136	+468	967,033	853,316	113,717	619,158	60.8	25.9
N. Dak.....	6,183	+139	285,555	266,876	28,679	146,085	56.9	31.1
S. Dak.....	7,318	+165	242,470	207,650	34,820	77,070	37.1	30.6
Region IX:								
Ark.....	32,728	+609	1,525,502	1,370,101	155,401	916,612	66.9	32.6
Kans.....	52,684	+548	1,916,708	1,666,420	250,288	1,366,242	82.0	32.9
Mo.....	158,495	-120	5,079,719	4,317,910	761,809	5,199,243	120.4	32.0
Okl.....	41,348	-262	1,701,209	1,509,520	191,689	1,962,769	130.0	45.3
Region X:								
La.....	51,268	+1,347	3,125,042	2,739,077	385,965	1,778,029	64.0	39.4
N. Mex.....	13,395	+610	733,853	670,805	63,048	124,012	18.5	25.3
Tex.....	162,608	+3,143	5,445,839	4,672,757	773,082	2,285,121	48.0	29.8
Region XI:								
Colo.....	41,769	+1,385	1,660,360	1,463,283	197,077	275,671	18.8	25.2
Idaho.....	18,577	+552	927,741	839,630	88,111	375,903	44.8	32.0
Mont.....	23,577	+879	1,235,507	1,125,325	110,182	356,020	31.6	30.5
Utah.....	29,238	+604	1,577,690	1,438,635	139,055	973,603	67.7	34.3
Wyo.....	9,667	+261	392,173	346,557	45,616	131,333	37.9	30.4
Region XII:								
Calif.....	22,534	+711	958,205	851,447	106,758	247,419	20.1	26.0
Nev.....	11,995	+238	478,844	421,937	56,907	238,885	56.6	26.7
Oreg.....	70,018	+810	3,034,927	2,699,162	335,765	2,725,053	101.0	39.0
Wash.....	131,903	-4,444	7,589,707	6,912,174	647,623	12,003,827	173.7	43.2
Regions XIII and XIV:								
Alaska.....	9,444	+101	313,343	269,028	44,315	211,913	78.8	10.3
Hawaii.....	30,491	+399	524,811	427,846	96,965	126,074	29.5	6.2

<sup>1</sup> Data reported by State agencies except interest, which is credited and reported by the Treasury.

<sup>2</sup> Represents sum of balances at end of month in State clearing account and benefit-payment account and in State account in Federal unemployment trust fund.

<sup>3</sup> Represents contributions, penalties, and interest collected from employers, and contributions from employees. Adjusted for refunds and for dishonored contribution checks. Current contribution rates (percent of taxable wages) are: for employers, 2.7 percent except in Michigan, where rate is 3.0 percent;

for employees, 1.0 percent in Alabama and New Jersey. Experience rating, operative in 45 States, modifies above rates. All States collect contributions either wholly or in part on quarterly basis.

<sup>4</sup> Interest represents earnings of funds in State accounts in Federal unemployment trust fund and is credited at end of each quarter.

<sup>5</sup> Net: adjusted for voided benefit checks and transfers under interstate combined wage plan.

<sup>6</sup> Excludes \$200,000 withdrawn in California for payment of disability benefits.

the ratio was higher than for February.

### Interstate Claims in February

Interstate initial claims, following the downward trend of all claims in February, dropped from 59,600 to 43,800 and continued claims from

395,400 to 337,700. All States but Arkansas, Maine, New Mexico, and South Carolina reported declines in initial claims and all but 14, in continued claims. Outstanding in the national decrease in continued claims were the declines of 13,400 in California, 10,000 in Washington, 9,800 in

New York, and 3,800 in Ohio. Interstate initial and continued claims comprised 6 and 7 percent respectively of all claims. During February a total of \$4.3 million was paid to compensate for 238,700 weeks of unemployment, as compared with \$4.8 million for 263,700 weeks in January.

Table 6.—Number of individuals<sup>1</sup> compensated for unemployment during weeks ended in March 1947

[Data reported by State agencies; corrected to Apr. 16, 1947]

Region and State	Weeks ended—									
	Mar. 1	Mar. 8	Mar. 15	Mar. 22	Mar. 29	Mar. 1	Mar. 8	Mar. 15	Mar. 22	Mar. 29
	For all types of unemployment					For total unemployment				
Total.....	976,000	952,734	986,148	978,426	977,327	933,000	910,957	938,263	934,590	936,828
Region I:										
Connecticut.....	10,109	11,506	8,906	12,683	12,083	9,603	11,132	8,590	12,176	11,547
Maine.....	8,170	8,051	7,635	7,619	7,726	7,663	7,579	7,129	6,992	6,997
Massachusetts.....	45,899	46,224	47,290	43,999	42,502	43,417	43,437	44,267	41,152	39,873
New Hampshire.....	2,366	2,376	2,675	3,140	2,931	2,230	2,227	2,527	2,957	2,759
Rhode Island.....	6,634	7,138	7,327	6,876	7,065	6,114	6,641	6,821	6,380	6,575
Vermont.....	918	883	1,004	973	1,103	851	813	926	928	1,045
Region II-III:										
Delaware.....	2,314	2,422	2,371	2,257	2,140	2,290	2,331	2,300	2,130	2,051
New Jersey.....	58,687	58,783	60,947	63,203	62,965	56,742	56,546	58,733	60,717	60,712
New York.....	174,691	160,751	172,886	173,952	171,416	167,760	152,991	165,166	164,269	163,208
Pennsylvania.....	84,566	77,456	95,768	87,406	70,200	82,641	75,845	92,933	84,985	77,275
Region IV:										
District of Columbia.....	3,221	3,498	4,217	3,980	4,223	3,180	3,442	4,168	3,929	4,162
Maryland.....	14,531	14,605	14,585	14,066	13,286	13,634	13,771	13,629	13,250	12,462
North Carolina.....	8,240	8,045	7,937	9,759	9,710	7,936	7,708	7,721	9,449	9,404
Virginia.....	6,329	7,819	7,028	6,962	8,272	6,133	7,621	6,833	6,788	8,036
West Virginia.....	11,886	9,774	14,677	13,198	11,652	8,315	7,248	10,616	10,821	9,939
Region V:										
Kentucky.....	7,507	6,465	7,437	7,122	8,949	7,321	6,300	7,264	6,825	8,704
Michigan.....	43,988	42,051	37,244	36,404	34,550	40,835	38,914	34,923	34,228	32,761
Ohio.....	25,665	26,521	27,290	25,579	30,745	25,697	26,349	24,757	29,970	29,970
Region VI:										
Illinois.....	( <sup>2</sup> )	59,526	55,120	55,852	53,018	( <sup>2</sup> )	56,512	52,459	53,254	50,694
Indiana.....	12,015	9,820	10,802	8,793	10,445	11,210	9,199	10,051	8,096	9,782
Wisconsin.....	6,617	8,649	4,659	8,875	5,033	5,586	4,965	4,049	5,297	4,424
Region VII:										
Alabama.....	13,169	10,976	10,945	10,309	10,334	12,665	10,611	10,547	9,951	9,980
Florida.....	6,621	7,443	8,111	8,139	8,615	6,005	6,843	7,593	7,734	8,207
Georgia.....	19,229	10,090	9,521	9,926	10,035	9,016	9,784	9,278	9,625	9,731
Mississippi.....	3,327	4,696	4,084	3,662	3,556	3,124	4,383	3,869	3,506	3,249
South Carolina.....	2,896	4,149	3,700	3,650	4,200	2,840	4,066	3,626	3,569	4,077
Tennessee.....	16,350	18,340	13,307	18,290	18,784	15,945	18,046	13,089	18,049	18,538
Region VIII:										
Iowa.....	5,046	5,080	5,306	5,146	4,787	5,399	4,857	5,073	4,920	4,578
Minnesota.....	9,461	10,128	9,703	10,416	9,943	9,149	9,692	9,237	9,979	9,386
Nebraska.....	2,955	3,342	3,178	3,133	3,088	2,743	3,105	2,949	2,893	2,862
North Dakota.....	1,044	828	489	1,108	618	928	728	443	679	566
South Dakota.....	451	898	427	746	557	434	738	394	707	507
Region IX:										
Arkansas.....	5,116	6,940	5,781	4,861	6,266	5,002	6,824	5,690	4,754	6,158
Kansas.....	8,544	7,266	7,278	7,327	7,062	8,009	6,968	6,985	7,048	6,742
Missouri.....	25,784	24,463	25,516	24,720	25,424	25,447	24,107	25,265	24,530	25,126
Oklahoma.....	9,795	8,511	10,586	10,644	11,288	9,000	8,106	10,050	10,210	10,923
Region X:										
Louisiana.....	13,627	10,516	10,438	11,649	10,101	12,633	9,943	9,758	11,070	9,710
New Mexico.....	846	799	782	1,046	820	824	779	737	1,023	804
Texas.....	15,658	11,950	15,632	15,352	12,966	14,774	11,362	15,056	14,452	12,320
Region XI:										
Colorado.....	1,790	1,802	2,027	1,735	1,714	1,740	1,760	1,971	1,686	1,654
Idaho.....	1,832	2,557	2,483	2,213	2,705	1,794	2,516	2,439	2,169	2,642
Montana.....	2,400	3,059	2,775	2,604	2,554	2,400	3,059	2,775	2,604	2,554
Utah.....	3,934	3,709	3,468	3,378	3,151	3,731	3,458	3,258	3,219	2,981
Wyoming.....	730	707	755	775	724	690	669	718	717	671
Region XII:										
Arizona.....	1,700	1,371	1,492	1,837	1,319	1,668	1,346	1,449	1,786	1,284
California.....	160,383	158,519	169,959	165,345	181,666	154,872	152,820	159,844	159,430	175,114
Nevada.....	1,295	1,201	1,414	997	1,400	1,262	1,169	1,369	971	1,373
Oregon.....	20,714	16,893	15,003	15,759	14,251	20,083	16,420	14,471	15,223	13,749
Washington.....	47,987	45,395	43,038	42,558	39,109	46,634	44,160	41,803	41,287	37,914
Regions XIII and XIV:										
Alaska.....	1,227	803	837	887	740	1,193	871	816	829	696
Hawaii.....	390	941	319	496	686	264	788	247	290	352

<sup>1</sup> The number of individuals is assumed to be identical with the number of weeks compensated, which may result in a slight overstatement.

<sup>2</sup> Includes estimate for Illinois for week of March 1.

<sup>3</sup> Data not available.

Table 7.—Unemployment in week ended March 8, 1947, as reflected by continued claims for unemployment insurance<sup>1</sup> as percent of average monthly covered employment in 1945

Region and State	Claims <sup>1</sup>	Average monthly covered employment <sup>2</sup> (in thousands)	Claims as percent of covered employment
Total.....	1,152,107	28,314.9	4.1
Region I:			
Connecticut.....	12,050	567.0	2.1
Maine.....	8,652	156.3	5.5
Massachusetts.....	53,028	1,318.9	4.0
New Hampshire.....	3,680	108.8	3.4
Rhode Island.....	8,619	214.9	4.0
Vermont.....	1,444	55.3	2.6
Region II-III:			
Delaware.....	2,796	76.6	3.7
New Jersey.....	61,099	1,138.4	5.4
New York.....	196,967	3,799.6	5.2
Pennsylvania.....	106,676	2,635.7	4.0
Region IV:			
District of Columbia.....	5,295	189.1	2.8
Maryland.....	13,468	498.3	2.7
North Carolina.....	12,656	526.4	2.4
Virginia.....	8,476	416.6	2.0
West Virginia.....	16,294	328.6	4.9
Region V:			
Kentucky.....	10,522	315.1	3.3
Michigan.....	44,192	1,372.5	3.2
Ohio.....	34,355	1,914.4	1.8
Region VI:			
Illinois.....	63,910	2,095.9	3.0
Indiana.....	14,165	798.7	1.8
Wisconsin.....	6,856	646.6	1.1
Region VII:			
Alabama.....	12,640	387.0	3.3
Florida.....	13,504	321.7	4.2
Georgia.....	12,982	461.2	2.8
Mississippi.....	5,867	152.3	3.7
South Carolina.....	5,640	248.7	2.3
Tennessee.....	26,166	470.3	5.6
Region VIII:			
Iowa.....	6,849	288.6	2.4
Minnesota.....	13,293	466.1	2.9
Nebraska.....	3,989	139.8	2.9
North Dakota.....	1,469	20.7	5.0
South Dakota.....	912	37.8	2.4
Region IX:			
Arkansas.....	8,944	191.3	4.7
Kansas.....	8,650	225.2	3.8
Missouri.....	36,152	705.4	5.1
Oklahoma.....	15,297	243.8	6.3
Region X:			
Louisiana.....	16,850	369.4	4.6
New Mexico.....	1,454	58.8	2.5
Texas.....	20,527	964.3	2.1
Region XI:			
Colorado.....	2,873	159.2	1.8
Idaho.....	3,424	66.7	5.1
Montana.....	3,756	71.7	5.2
Utah.....	3,761	97.0	3.9
Wyoming.....	866	40.3	2.1
Region XII:			
Arizona.....	3,380	83.7	4.0
California.....	177,256	2,051.3	8.6
Nevada.....	1,595	29.5	5.4
Oregon.....	18,037	285.4	6.3
Washington.....	41,014	594.0	8.1

<sup>1</sup> Estimated number of continued claims for unemployment in the week in which the 8th of the month falls.

<sup>2</sup> Represents workers in covered employment in the pay period of each type (weekly, semimonthly, etc.) ending nearest the 15th of the month.



## Veterans' Unemployment Allowances

Although fewer claims for veterans' unemployment allowances were filed in March than in February, the total amount paid during the month—\$89.1 million—was 0.8 percent more. This increase was probably caused by the backlog of February claims paid in March.

The number of initial claims filed

was 10.5 percent less than in February and the smallest number since October 1945. The decline in claims reflected the 15-percent drop in unemployment among veterans of World War II as reported by the Department of Commerce. Initial claims rose 4 percent in Connecticut, 7 percent in Louisiana, and less than 1 percent in Florida and Missouri, but fell in all other States.

Continued claims went down about

1 percent in the country as a whole, notwithstanding increases in nearly half the States. Increases ranged from less than 1 percent in Arizona, California, Georgia, Montana, and Nebraska to 87 percent in Oklahoma.

## Nonfarm Placements

Total nonagricultural placements rose seasonally to 391,000 in March—

Table 8.—Interstate claims received, weeks compensated by interstate payments, and amount of interstate benefit payments, by liable State, February 1947

[Data reported by State agencies; corrected to Apr. 17, 1947]

Region and liable State	Initial		Continued		Weeks compensated	Benefit payments
	Total	Women	Total	Women		
Total.....	43,799	16,763	337,683	135,448	238,742	\$4,313,800
Region I:						
Conn.....	1,009	356	6,526	2,310	4,615	97,883
Maine.....	199	71	879	351	742	10,784
Mass.....	990	455	4,625	1,923	3,368	72,451
N. H.....	191	72	1,492	640	1,259	16,607
R. I.....	409	171	2,713	991	2,209	37,072
Vt.....	88	35	478	170	255	4,453
Region II-III:						
Del.....	221	64	1,287	391	665	10,517
N. J.....	1,780	740	13,397	5,420	9,711	192,283
N. Y.....	4,086	1,926	36,671	19,176	28,573	554,326
Pa.....	2,047	646	11,947	3,893	7,044	125,928
Region IV:						
D. C.....	488	229	2,640	1,402	2,357	42,071
Md.....	712	255	3,275	1,569	1,122	112,656
N. C.....	545	226	4,226	2,440	2,544	30,074
Va.....	511	184	3,850	1,418	2,692	36,600
W. Va.....	464	95	2,993	556	1,956	31,207
Region V:						
Ky.....	361	118	3,615	1,628	2,013	23,315
Mich.....	1,659	525	12,361	3,548	6,216	118,483
Ohio.....	1,755	593	12,794	4,349	5,876	111,397
Region VI:						
Ill.....	2,944	1,046	25,067	12,609	15,959	298,418
Ind.....	970	311	4,859	1,279	2,237	41,040
Wis.....	320	132	1,632	574	540	9,353
Region VII:						
Ala.....	563	189	3,064	860	1,918	32,367
Fla.....	737	292	4,502	1,899	2,536	34,974
Ga.....	565	233	3,063	1,558	1,688	24,167
Miss.....	332	139	1,746	659	794	10,785
S. C.....	249	101	1,106	452	477	7,266
Tenn.....	1,403	504	10,039	3,659	6,411	86,243
Region VIII:						
Iowa.....	290	121	2,229	816	1,001	15,447
Minn.....	399	176	2,105	847	1,221	19,213
Nebr.....	318	120	1,926	766	1,046	16,378
N. Dak.....	76	27	444	115	315	5,558
S. Dak.....	52	31	323	101	166	2,273
Region IX:						
Ark.....	337	109	3,279	929	2,189	28,497
Kans.....	966	330	7,468	2,413	5,145	75,598
Mo.....	1,699	844	12,113	6,383	6,880	116,244
Okla.....	561	214	3,988	1,561	2,514	40,852
Region X:						
La.....	361	122	2,667	1,006	1,702	26,310
N. Mex.....	235	70	1,035	297	580	8,015
Tex.....	1,538	536	8,829	2,525	4,202	64,390
Region XI:						
Colo.....	456	191	2,015	765	1,089	15,244
Idaho.....	244	51	1,542	306	866	19,421
Mont.....	125	25	993	300	593	7,820
Utah.....	233	87	1,577	532	1,073	25,097
Wyo.....	182	38	1,083	201	592	11,322
Region XII:						
Ariz.....	425	146	1,580	555	1,058	14,917
Calif.....	5,966	2,501	56,711	23,510	53,162	1,012,883
Nev.....	286	89	1,545	487	1,129	20,547
Oreg.....	970	368	8,210	2,846	5,375	79,463
Wash.....	2,182	823	26,715	10,409	25,228	501,420
Regions XIII and XIV:						
Alaska.....	256	18	1,645	217	772	16,688
Hawaii.....	44	8	486	131	320	7,483

Table 9.—Claims and payments for veterans' unemployment allowances, March 1947<sup>1</sup>

State	Initial claims	Continued claims	Weeks compensated	Payments
Total.....	397,360	4,423,834	4,473,342	\$89,052,189
Alabama.....	6,351	65,721	83,874	1,673,326
Alaska.....	182	2,342	2,318	46,201
Arizona.....	3,007	21,964	22,461	446,815
Arkansas.....	4,400	70,379	76,470	1,527,145
California.....	39,170	362,706	345,777	6,891,167
Colorado.....	3,028	34,437	33,635	669,426
Connecticut.....	4,973	28,160	28,214	590,919
Delaware.....	741	10,768	10,650	211,865
District of Columbia.....	1,241	24,385	23,274	463,944
Florida.....	9,011	70,058	72,490	1,446,711
Georgia.....	8,186	82,247	81,598	1,614,028
Hawaii.....	380	2,309	2,411	48,015
Idaho.....	1,025	15,553	17,942	357,379
Illinois.....	16,862	180,014	168,313	3,339,333
Indiana.....	10,598	69,497	70,227	1,393,943
Iowa.....	3,618	44,586	45,195	896,857
Kansas.....	4,439	46,330	49,419	982,220
Kentucky.....	6,204	90,671	95,647	1,909,089
Louisiana.....	8,044	58,846	105,988	2,111,985
Maine.....	3,339	43,413	39,860	790,887
Maryland.....	1,387	50,289	49,409	981,974
Massachusetts.....	16,387	193,820	178,582	3,552,300
Michigan.....	13,745	143,299	147,835	2,936,827
Minnesota.....	5,832	104,021	104,898	2,084,687
Mississippi.....	3,220	32,893	31,933	636,541
Missouri.....	12,463	151,878	140,679	2,799,270
Montana.....	1,711	20,331	19,377	386,289
Nebraska.....	1,970	20,857	22,214	438,632
Nevada.....	557	3,858	4,098	81,265
New Hampshire.....	2,130	15,281	15,162	300,607
New Jersey.....	12,554	170,460	177,722	3,547,231
New Mexico.....	2,260	24,715	23,312	464,750
New York.....	70,320	507,462	489,558	9,757,771
North Carolina.....	6,803	58,157	57,736	1,132,698
North Dakota.....	773	16,243	15,026	294,275
Ohio.....	11,213	148,817	142,391	2,828,980
Oklahoma.....	6,008	83,917	80,031	1,590,436
Oregon.....	4,301	40,113	43,065	855,344
Pennsylvania.....	31,902	496,518	493,593	9,844,789
Puerto Rico.....	1,443	47,914	53,714	1,073,271
Rhode Island.....	2,441	35,492	36,019	718,727
South Carolina.....	4,067	32,026	58,093	1,159,428
South Dakota.....	925	14,914	15,373	306,340
Tennessee.....	6,679	124,709	120,761	2,411,275
Texas.....	14,627	225,927	251,437	5,012,884
Utah.....	1,736	16,013	15,542	328,380
Vermont.....	1,049	6,752	6,599	130,619
Virginia.....	5,743	68,454	70,631	1,404,591
Washington.....	5,313	65,052	72,381	1,435,974
West Virginia.....	6,660	105,636	107,169	2,128,932
Wisconsin.....	5,620	48,095	46,895	929,200
Wyoming.....	632	5,545	5,567	110,547

<sup>1</sup> Represents activities under provisions of title V of the Servicemen's Readjustment Act of 1944; excludes data for self-employed veterans.

Source: Data reported to the Readjustment Allowance Service, Veterans Administration, by unemployment compensation agencies in 48 States, the District of Columbia, Alaska, and Hawaii, and by the Veterans Administration for Puerto Rico.



Wage interval	Number of workers (in thousands)		Percentage distribution	
	1944	1943	1944	1943
Total with \$3,000 or more.....	7,138	5,884	100.0	100.0
\$3,000-3,999.....	4,483	3,901	62.8	66.3
4,000-5,999.....	2,090	1,632	29.3	28.1
6,000-11,999.....	448	234	6.3	4.0
12,000 or more.....	117	97	1.6	1.6

Not only did the total number of workers in the group earning \$3,000 or more increase in 1944, but the estimates indicate that the increase extended to the highest wage class. This increase seems to be, at least in part, the result of greater continuity of employment, as tabulations of the Bureau of Old-Age and Survivors Insurance show that the proportion of covered workers who worked in all 4

quarters of the year increased from 58 percent in 1943 to 62 percent in 1944. More overtime work and higher wage rates in 1944 than in 1943 also helped to account for the increase. To provide a complete picture of the change in the wage and salary level, the distribution by wage classes of all covered workers and their earnings in covered employment is shown in table 2. More workers were in the higher wage

Table 3.—Number and amount of monthly benefits in force<sup>1</sup> as of December 31, 1946, by type of benefit, and number and amount of lump-sum payments certified during the calendar year 1946, by State

[Corrected to Mar. 17, 1947]

Region and State <sup>1</sup>	Monthly benefits														Lump-sum death payments <sup>2</sup>	
	Total		Primary		Wife's		Child's		Widow's		Widow's current		Parent's			
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Total.....	1,868,358	\$35,782,563	822,113	\$20,249,704	245,733	\$3,193,700	491,213	\$6,166,315	129,260	\$2,611,599	172,551	\$3,462,830	7,488	\$98,415	250,660	\$27,250,887
Ala.....	27,667	417,594	9,159	194,613	2,417	26,051	11,477	119,460	1,050	18,394	3,414	57,357	150	1,719	3,003	292,657
Alaska.....	477	9,840	260	6,750	30	390	150	1,980	5	100	30	680	2	20	110	13,955
Ariz.....	5,995	107,906	2,094	52,889	534	7,107	2,435	29,738	201	4,152	706	13,723	25	297	691	79,973
Ark.....	12,521	182,350	4,784	93,253	1,299	13,123	4,583	46,012	473	7,926	1,317	21,277	65	759	1,470	137,497
Calif.....	131,499	2,697,680	66,555	1,690,434	18,171	243,785	28,261	379,917	7,903	163,872	10,219	214,316	390	5,356	17,336	2,030,346
Colo.....	13,037	243,707	5,953	143,505	1,758	22,465	3,384	41,922	829	16,593	1,073	20,856	30	366	1,730	186,280
Conn.....	38,063	815,212	18,035	487,685	5,798	80,866	7,486	102,238	3,478	74,824	3,118	67,438	148	2,161	5,164	594,937
Del.....	5,028	100,381	2,356	58,764	770	10,567	1,108	14,543	370	7,844	399	8,327	25	336	525	56,452
D.C.....	8,039	152,071	3,468	82,478	809	10,639	2,351	30,898	596	12,541	788	15,152	27	363	1,366	155,949
Fla.....	32,051	596,239	15,371	373,559	4,469	58,575	8,217	90,303	1,444	28,609	2,454	44,058	96	1,135	2,895	319,962
Ga.....	26,645	391,801	8,442	178,538	2,183	24,338	11,510	113,861	1,143	20,587	3,185	52,511	182	2,056	3,545	338,763
Hawaii.....	4,507	75,975	1,890	40,550	255	3,100	1,800	21,800	120	2,200	440	8,300	2	25	371	34,944
Idaho.....	4,635	82,195	2,086	47,276	517	6,049	1,446	17,700	184	3,578	389	7,467	13	175	512	41,855
Ill.....	122,562	2,489,684	55,355	1,421,509	16,852	227,058	29,312	398,021	9,346	194,180	11,217	242,006	480	6,910	20,340	2,245,558
Ind.....	51,629	978,399	22,810	531,657	7,199	91,847	13,435	173,304	3,556	69,096	4,462	90,274	167	2,211	6,883	709,049
Iowa.....	23,668	413,937	10,747	238,401	3,652	41,610	5,667	67,466	1,636	30,837	1,863	34,374	103	1,249	2,883	287,812
Kans.....	19,011	329,074	8,617	189,381	2,857	31,747	4,682	54,857	1,080	20,106	1,671	31,594	104	1,389	1,990	203,172
Ky.....	28,817	465,524	10,042	223,858	2,848	33,224	11,196	124,237	1,500	28,079	3,083	54,393	148	1,723	2,851	306,236
La.....	20,758	333,326	7,595	163,029	1,750	19,570	7,758	84,706	1,007	19,155	2,503	44,991	145	1,475	2,924	278,159
Maine.....	17,082	309,174	8,334	189,217	2,486	29,650	3,802	44,117	1,204	22,557	1,208	23,071	48	562	1,852	183,364
Md.....	26,184	487,925	10,904	257,102	3,066	39,024	7,372	94,705	2,178	43,753	2,544	51,818	120	1,523	4,096	446,206
Mass.....	88,801	1,815,347	42,576	1,078,523	13,208	180,902	17,736	238,475	7,858	163,373	7,148	150,288	275	3,776	12,409	1,354,970
Mich.....	85,236	1,731,253	35,738	932,678	11,221	154,554	23,930	338,392	5,899	122,310	8,202	179,749	246	3,570	11,913	1,407,966
Minn.....	28,121	543,259	12,858	315,535	3,946	50,598	6,808	86,819	1,932	39,418	2,500	49,866	77	1,023	4,031	405,205
Miss.....	10,359	143,234	3,455	65,963	880	8,852	4,252	40,747	407	7,072	1,280	19,654	85	946	1,058	104,006
Mo.....	44,839	845,381	20,656	495,088	6,216	77,818	10,612	127,931	3,500	69,350	3,629	72,327	226	2,867	6,441	676,288
Mont.....	5,635	109,434	2,563	62,793	641	8,337	1,557	20,182	358	7,445	485	10,267	31	410	790	88,678
Nebr.....	9,593	165,994	4,505	96,673	1,371	15,521	2,214	26,708	599	11,203	876	15,134	28	355	1,324	133,952
Nev.....	1,541	31,271	800	19,608	1,303	1,803	439	6,380	73	1,480	95	1,944	4	56	357	59,708
N. H.....	10,041	188,649	5,024	117,791	1,493	18,195	2,051	24,962	759	14,434	694	13,018	20	249	1,034	109,778
N. J.....	79,287	1,671,129	35,862	945,617	11,713	160,995	16,887	239,405	7,197	153,274	7,316	167,524	312	4,314	12,035	1,373,094
N. Mex.....	3,332	51,543	964	21,531	219	2,558	1,564	17,065	108	2,145	468	8,139	9	105	314	26,810
N. Y.....	236,659	4,735,987	112,875	2,782,702	33,543	440,069	48,372	651,725	19,337	391,550	21,486	455,212	1,046	14,729	33,419	3,852,083
N. C.....	31,253	453,342	9,399	191,554	2,542	26,780	13,942	145,003	1,335	23,095	3,853	64,882	182	2,028	3,846	350,555
N. Dak.....	2,309	39,215	1,000	21,539	278	3,118	686	8,122	109	2,080	224	4,232	12	124	356	31,348
Ohio.....	120,817	2,437,919	53,965	1,399,341	17,687	241,232	29,126	382,470	9,463	197,108	10,181	212,548	395	5,220	17,139	1,855,457
Okl.....	15,936	274,023	5,999	139,390	1,626	19,932	5,901	68,742	630	12,217	1,740	33,187	40	530	1,562	176,920
Oreg.....	23,458	469,504	12,707	310,222	3,370	43,063	6,630	60,650	1,176	23,950	1,515	30,802	60	817	2,547	294,249
Pa.....	187,593	3,725,979	81,593	2,087,098	25,748	343,357	46,409	615,673	14,638	295,303	18,360	373,272	845	11,276	24,699	2,599,530
R. I.....	17,374	358,937	9,102	231,401	2,796	37,317	2,783	36,066	1,478	30,014	1,160	23,395	55	744	2,281	239,902
S. C.....	15,998	222,569	4,366	99,930	1,095	12,163	7,689	75,433	644	11,222	2,101	32,686	103	1,135	2,012	184,903
S. Dak.....	3,098	54,195	1,229	28,056	402	4,941	936	11,244	221	4,217	302	5,647	8	90	433	43,935
Tenn.....	29,065	401,589	8,876	184,446	2,323	25,040	10,368	111,677	2,246	23,234	3,065	54,974	167	2,212	2,943	309,125
Tex.....	51,900	839,586	17,987	397,859	4,857	55,621	20,275	226,851	2,247	41,907	6,338	114,834	216	2,714	7,177	739,637
Utah.....	6,790	120,938	2,333	57,476	797	10,639	2,571	31,742	340	6,837	736	14,676	13	168	647	69,926
Vt.....	5,601	101,634	2,680	59,440	799	10,044	1,302	15,711	430	8,414	376	7,866	14	159	629	56,030
Va.....	29,832	486,429	10,119	228,646	2,749	32,734	11,818	131,875	1,646	31,101	3,320	59,918	180	2,155	3,832	369,996
Wash.....	35,232	729,582	18,938	483,592	5,166	69,295	6,982	91,841	1,877	38,390	2,201	45,415	78	1,049	4,063	483,730
W. Va.....	27,831	484,113	8,855	214,357	2,514	30,851	11,920	151,496	1,194	23,265	3,206	62,434	142	1,720	2,787	292,262
Wis.....	41,864	829,824	19,247	483,197	6,503	84,615	9,395	123,464	3,164	65,457	3,431	71,494	124	1,597	5,954	611,692
Wyo.....	2,088	39,030	975	23,210	210	2,555	626	7,899	92	1,776	180	3,533	5	67	209	29,022

<sup>1</sup> Total benefits awarded after adjustment for subsequent changes in number and amount of benefits and for terminations, cumulative from January 1940; not adjusted for deductions.

<sup>2</sup> Beneficiary's State of residence recorded as of Dec. 31, 1946; data for persons

now in foreign countries attributed generally to States in which claims were filed.

<sup>3</sup> Under 1939 and 1946 amendments.

<sup>4</sup> Exceeds number of deceased workers with respect to whose wage records payments were certified.

classes—from \$2,000-2,999 and through \$12,000 or more in 1944 than in 1943, although there were 1.4 million more workers in covered employment in the earlier year.

A comparison of the average wages for 1943 and 1944 in table 2 demonstrates an interesting development from a statistical viewpoint. Although the average total earnings of all covered workers increased considerably during the 2 years, from \$1,460 to \$1,572, the average earnings of workers in each wage class decreased. This divergence is due to the shift in 1944 of a large number of workers to higher wage brackets. In this particular instance the shift produced a relatively greater concentration of workers in the lower ends of the wage intervals than in 1943, thus resulting in lower average wages.

On the basis of the estimated wage distributions, it is possible also to estimate total earnings in employment covered under old-age and survivors insurance, a figure useful in estimating the total national income. The estimates for 1943 and 1944 correspond closely to similar estimates de-

Table 5.—Number of monthly benefits and lump-sum death payments awarded, by type of benefit, 1940-47

[Corrected to Apr. 28, 1947]

Year and quarter <sup>1</sup>	Monthly benefits							Lump-sum death payments <sup>2</sup>
	Total	Primary	Wife's	Child's	Widow's	Widow's current	Parent's	
1940.....	254,984	132,335	34,555	59,382	4,600	23,260	852	75,095
1941.....	299,286	114,660	36,213	75,619	11,020	30,502	1,272	117,303
1942.....	258,116	99,622	33,250	77,384	14,774	31,820	1,266	134,991
1943.....	262,865	89,070	31,916	85,619	19,576	35,420	1,264	163,011
1944.....	318,949	110,097	40,349	99,676	24,759	42,649	1,419	205,177
1945.....	462,463	185,174	63,068	127,514	29,844	55,108	1,755	247,012
1946.....	547,150	258,980	88,515	114,875	38,823	44,190	1,767	250,660
1944								
Jan.-Mar.....	75,807	25,474	9,401	23,978	6,416	10,225	313	47,342
Apr.-June.....	79,003	27,907	10,150	24,442	6,086	10,067	351	48,976
July-Sept.....	78,976	27,607	10,066	24,589	5,804	10,559	351	52,444
Oct.-Dec.....	85,163	29,109	10,732	26,667	6,453	11,798	404	56,415
1945								
Jan.-Mar.....	104,064	35,613	12,587	33,025	7,730	14,689	420	65,695
Apr.-June.....	117,857	41,116	14,454	37,208	7,954	16,614	511	69,770
July-Sept.....	106,782	44,493	14,908	28,058	6,821	12,096	406	54,750
Oct.-Dec.....	133,760	63,952	21,119	29,223	7,339	11,709	418	56,797
1946								
Jan.-Mar.....	147,229	72,379	23,553	30,091	8,805	12,006	395	64,152
Apr.-June.....	155,036	75,641	25,222	31,452	10,306	11,966	449	67,470
July-Sept.....	132,627	62,541	21,809	27,222	10,020	10,579	456	58,382
Oct.-Dec.....	112,258	48,419	17,931	26,110	9,692	9,639	467	60,596
1947								
Jan.-Mar.....	133,217	62,107	22,135	27,548	10,404	10,293	730	60,357

<sup>1</sup> Quarterly data for 1940-43 were presented in the Bulletin for February 1947, p. 29.

<sup>2</sup> Under 1939 and 1946 amendments.

Table 4.—Monthly benefits in current-payment status<sup>1</sup> at the end of the month, by type of benefit and month, March 1946-March 1947, and monthly benefit actions, by type of benefit, March 1947

[Amounts in thousands; data corrected to Apr. 14, 1947]

Item	Total <sup>2</sup>		Primary		Wife's		Child's		Widow's		Widow's current		Parent's	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Monthly benefits in current-payment status at end of month:														
1946														
March.....	1,403,698	\$26,232.6	581,084	\$14,171.8	177,795	\$2,293.6	411,429	\$5,138.2	101,409	\$2,048.1	125,515	\$2,496.3	6,466	\$84.5
April.....	1,441,074	26,976.7	600,759	14,657.3	183,570	2,368.3	419,153	5,236.3	104,035	2,101.2	126,989	2,527.9	6,568	85.7
May.....	1,474,015	27,633.1	617,562	15,076.0	188,666	2,435.3	426,141	5,324.1	107,254	2,166.2	127,756	2,544.8	6,634	86.6
June.....	1,502,085	28,210.8	632,038	15,443.3	193,241	2,496.6	431,202	5,391.2	110,168	2,225.9	128,688	2,565.8	6,748	88.1
July.....	1,527,880	28,771.9	646,996	15,833.0	197,947	2,560.1	433,533	5,420.1	113,092	2,284.5	129,437	2,584.2	6,875	90.0
August.....	1,553,914	29,326.1	661,781	16,212.6	202,930	2,627.8	436,144	5,450.5	116,213	2,347.9	129,882	2,596.1	6,964	91.1
September.....	1,579,112	29,825.5	673,438	16,508.0	206,794	2,679.7	442,905	5,541.6	118,839	2,400.7	130,070	2,601.9	7,066	92.6
October.....	1,606,412	30,374.1	685,626	16,825.8	210,622	2,733.3	451,489	5,661.8	121,951	2,464.0	129,520	2,594.6	7,204	94.5
November.....	1,626,693	30,777.8	695,132	17,063.3	213,725	2,775.0	457,120	5,741.6	124,451	2,515.0	128,965	2,587.0	7,300	95.8
December.....	1,642,299	31,080.8	701,705	17,229.6	215,984	2,804.9	461,756	5,804.0	127,046	2,568.3	128,410	2,576.8	7,398	97.3
1947														
January.....	1,672,301	31,694.8	717,570	17,625.3	220,757	2,868.3	467,532	5,882.2	130,017	2,629.1	128,959	2,591.6	7,466	98.3
February.....	1,708,848	32,467.2	737,315	18,134.1	227,093	2,953.4	473,908	5,971.4	133,043	2,692.5	129,908	2,614.6	7,671	101.2
March.....	1,738,841	33,099.1	753,091	18,540.2	231,387	3,015.5	479,946	6,057.4	135,634	2,746.6	130,668	2,634.6	7,915	104.7
Monthly benefit actions, March 1947:														
In force <sup>3</sup> beginning of month.....	1,928,718	37,080.1	853,673	21,085.0	255,768	3,333.6	502,070	6,317.3	135,279	2,736.2	174,166	3,505.6	7,762	102.
Benefits awarded in month.....	44,046	893.7	20,707	528.6	7,062	93.6	9,257	125.0	3,197	66.4	3,492	75.4	331	4.7
Entitlements terminated <sup>4</sup> .....	14,116	260.4	4,941	119.9	2,487	31.2	3,580	47.4	610	11.9	2,421	48.9	77	1.1
Net adjustments <sup>5</sup> .....	258	18.2	18	7.9	—8	1.0	185	6.4	7	.1	59	2.9	—3	( <sup>6</sup> )
In force end of month.....	1,958,906	37,731.5	869,457	21,501.6	260,335	3,396.9	507,932	6,401.3	137,873	2,790.7	175,296	3,535.0	8,013	106.0

<sup>1</sup> Benefit in current-payment status is subject to no deduction or only to deduction of fixed amount which is less than current month's benefit.

<sup>2</sup> Represents total benefits awarded (including benefits in current, deferred, and conditional-payment status) after adjustment for subsequent changes in number and amount of benefits (see footnote 4) and terminations (see footnote 3), cumulative from January 1940.

<sup>3</sup> Benefit is terminated when a beneficiary dies or loses entitlement to a benefit for some other reason.

<sup>4</sup> Adjustments result from operation of maximum and minimum provisions, recomputations, and from administrative actions.

<sup>5</sup> Less than \$50.



rived independently from a combination of State unemployment insurance and old-age and survivors insurance taxable and total wages, as follows:

Year	Total earnings based on estimated wages (in millions)	Total earnings based on combination of estimated old-age and survivors insurance and unemployment insurance wage data	
		Amount (in millions)	Percentage difference
1943.....	\$60,556	\$69,653	+0.1
1944.....	72,762	73,349	.8

### Monthly Benefits in Current-Payment Status, March 1947, and Benefits Awarded, January-March 1947

At the end of March, monthly benefits totaling \$33.1 million were in current-payment status for 1.7 million persons, representing increases of 30,000 beneficiaries and \$632,000 in the month. The Railroad Retirement Act Amendments of 1946 established a system of survivor benefits modeled after the survivor insurance system set up in the 1939 amendments to the Social Security Act. The two systems provide identical types of survivor benefits, although benefit rates are more liberal under the railroad survivor system. Under both systems, eligibility for and the amount of benefits will be based on the insured worker's combined earnings under the two programs, and the system having jurisdiction will use its benefit formula. As a result of this coordination, some survivors will become eligible under old-age and survivors insurance who otherwise would not have become eligible; on the other hand, some survivors who would have become eligible under old-age and survivors insurance will instead receive railroad survivor benefits.

The new survivor insurance provisions of the railroad law became effective January 1, 1947. The Bureau of Old-Age and Survivors Insurance by March 31, 1947, had processed and recorded 31 awards for survivors of workers who had credits under both the railroad and the old-age and survivors insurance systems. In addition, nine persons had their benefits recomputed to take into account cred-

Table 6.—Estimated number of employers and workers and estimated amount of taxable wages included under the old-age and survivors insurance program, by specified period, 1937-46

[Corrected to May 1, 1947]

Year and quarter <sup>1</sup>	Employers reporting taxable wages <sup>2</sup> (in thousands)	Workers with taxable wages during period <sup>3</sup> (in thousands)	Taxable wages <sup>4</sup>	
			Total (in millions)	Average per worker
1937.....	2,421	32,904	\$29,615	\$900
1938.....	2,239	31,822	26,502	833
1939.....	2,366	33,751	29,745	881
1940.....	2,500	35,393	32,974	932
1941.....	2,646	40,976	41,848	1,021
1942.....	2,655	46,363	52,939	1,142
1943.....	2,394	47,656	62,423	1,310
1944.....	2,469	46,296	64,426	1,392
1945 <sup>5</sup> .....	2,614	46,392	62,945	1,357
1946 <sup>5</sup> .....	3,000	47,500	68,600	1,440
1944				
January-March.....	2,010	36,326	17,362	478
April-June.....	2,048	36,893	17,284	468
July-September.....	2,038	37,301	16,243	435
October-December.....	2,039	35,629	13,537	389
1945				
January-March <sup>5</sup> .....	2,076	35,855	17,874	499
April-June <sup>5</sup> .....	2,123	35,854	17,541	489
July-September <sup>5</sup> .....	2,176	35,684	14,982	420
October-December <sup>5</sup> .....	2,199	33,598	12,548	373
1946				
January-March <sup>5</sup> .....	2,270	36,135	16,707	462
April-June <sup>5</sup> .....	2,440	37,640	17,695	470
July-September <sup>5</sup> .....	2,440	38,120	17,619	462
October-December <sup>5</sup> .....	2,580	38,000	16,600	437

<sup>1</sup> Quarterly data for 1938-43 were presented in the *Bulletin* for February 1947, p. 31.

<sup>2</sup> Number corresponds to number of employer returns. A return may relate to more than 1 establishment if employer operates several separate establishments but reports for concern as a whole.

<sup>3</sup> Excludes estimated duplication arising from recording of wages of some workers under more than 1 account. Quarterly estimates exclude workers whose earnings in covered employment were not

reported in the quarter because of the \$3,000 limitation on taxable wages.

<sup>4</sup> Includes nontaxable wages erroneously reported and wages not counted in determining insurance benefits. Excludes all wages over \$3,000 a year paid to a worker by a single employer. Beginning with 1940 all wages in excess of \$3,000 a year received by any 1 worker are excluded in benefit computations.

<sup>5</sup> Preliminary.

its earned in railroad employment. In this and subsequent issues of the *BULLETIN*, tables showing data on benefit operations will include benefits adjudicated by the Bureau of Old-Age and Survivors Insurance under the coordinated programs.

During the first quarter of 1947, more than 133,000 monthly benefits were awarded (table 5), an increase of 19 percent over the number of awards in the preceding quarter but a decrease of 10 percent from those in the first quarter of 1946. For each type of benefit, more awards were processed than during the last quarter of 1946, but only for widow's and parent's benefits did the number of benefits awarded during the first quarter of 1947 exceed the number in the corresponding quarter of 1946.

Awards of parent's benefits showed the greatest proportionate increase over awards in the preceding quarter, mainly because provisions of the 1946 amendments, which became effective with applications filed after January

1, 1947, liberalized the eligibility requirements. Under the 1939 act, a parent must have been "wholly" dependent, on the deceased wage earner; the amendments require that he be "chiefly" dependent.

### Employers, Workers, and Taxable Wages, Fourth Quarter, 1946

Covered employment during October-December 1946 is estimated at 38 million, an increase of 13 percent over the number for the fourth quarter of 1945 but about 0.3 percent less than in the third quarter of 1946. The decline from the third to the fourth quarter, which follows the seasonal pattern observed each year since 1941, results from the operation of the \$3,000 limitation on taxable wages. In 1946, however, the drop was considerably smaller than in any other year, probably because of the large number of discharged servicemen who entered covered employment too late in the year to have earned taxable

wages in excess of \$3,000 before October. This factor, together with the increases in wage rates, also explains the rise of 32 and 17 percent, respectively, in total and average taxable wages as compared with the fourth quarter of 1945. In October-December 1946, total taxable wages, esti-

mated at \$16.6 billion, and average taxable wages, estimated at \$437, were higher than in any previous fourth quarter.

The postwar upward trend in the estimated number of employers reporting taxable wages continued.

Wage reports were received from almost 2.6 million employers, 6 percent more than in the third quarter of 1946 and 17 percent more than in the fourth quarter of 1945. These changes reflect a continued increase in the number of new businesses and reorganizations.

## Public Assistance

### Public Assistance and Related Legislation, 1946

To take advantage of the increased Federal funds that the 1946 amendments to the Social Security Act made available to the States for the operation of the three special assistance programs, many States found it necessary to amend their assistance laws during 1946. In addition to the 10 State legislatures<sup>1</sup> that met in regular session, 17 others<sup>2</sup> met in special sessions called by the governors to consider specific problems. Some 80 laws pertinent to the State-Federal programs were enacted—more than in most even-numbered years.

Much of the 1946 legislation also concerned the State programs for general assistance and other State programs in the field of welfare, such as institutional care, medical services, and the like. This statement summarizes the changes enacted in the three special programs and available information on legislation affecting general assistance and related programs.

### Legislation for State-Federal Programs

#### Residence Requirements

New York State liberalized its requirements to make old-age assistance, aid to the blind, and aid to de-

pendent children available to any resident of the State who would otherwise be eligible, without regard to the length of his residence in the State. This did not affect general assistance, however, for there has been no residence requirement in that program. New York also abolished settlement except for inmates of hospitals or adult institutions or for minors cared for away from home. The charge-back system, under which the unit administering assistance could collect the local share from the unit in which the recipient had settlement, was eliminated except for the forms of aid named above.

Four other States also liberalized residence requirements for public assistance, continuing the trend toward lower requirements which had been noticeable for several years. A State residence requirement is not mandatory under the Social Security Act, and the Social Security Administration has recommended that States eliminate such a requirement.

South Carolina reduced its residence requirement for old-age assistance and aid to the blind from 5 out of the last 9 years to 1 year of continuous residence before application. Kentucky liberalized the residence requirement for all three special assistance programs. Residence in the State is now necessary at the time of application and for such previous periods as are prescribed by regulations; previously Kentucky had required 5 out of the last 9 years' residence for old-age assistance and 1 year's residence for aid to the blind and aid to dependent children.

Vermont changed the residence requirements in the law for aid to the blind from 2 years out of the last 5, the last year continuous, to 2 years out of the last 9, the last year continuous—the requirement specified in an

attorney general's opinion under which the State had been operating. Massachusetts added to its law relating to aid to dependent children the provision that no person shall be denied assistance for lack of a legal settlement in the State or in the town from which such aid is requested.

With the 1946 changes, there are now 4 States that have no residence requirement for old-age assistance, 5 States that have none for aid to dependent children, and 8 that have no requirement of this type for aid to the blind. In addition, 19 States have residence requirements less stringent than the maximum allowed under the Social Security Act for old-age assistance, and 18 for aid to the blind. Fourteen of these States require only a year's residence for old-age assistance, and the same number require only 1 year for aid to the blind.

#### Maximum on Assistance Payments

Progress toward removal of the maximums on assistance payments, as recommended by the Social Security Administration, has been continuous in the past few years. In 1945, maximums were eliminated in 7 assistance programs and raised in 20 others. This trend continued in 1946, when liberalizing changes were made in 6 State programs.

In Ohio the maximum of \$40 for old-age assistance was raised to \$50; the limitation of \$480 a year on total income and assistance was changed to \$600 on income and \$600 on assistance. For aid to the blind, the \$40 monthly maximum was raised to \$50. The assistance payment in both programs may be exceeded by no more than \$200 a year for specified medical expenditures.

Nebraska raised the maximums on old-age assistance and aid to the blind from \$40 to \$50, exclusive of medical, surgical, and hospital care, and retained the \$5 minimum for both programs. The State also passed a reso-

<sup>1</sup> Kentucky, Louisiana, Massachusetts, Mississippi, New Jersey, New York, Rhode Island, South Carolina, Virginia, and the United States Congress, which legislates for the District of Columbia.

<sup>2</sup> Arizona, California, Connecticut, Georgia, Idaho, Illinois, Maine, Maryland, Michigan, Missouri, Nebraska, Ohio, Utah, Vermont, West Virginia, Wisconsin, and Wyoming. The Georgia and Missouri Legislatures were not in special session, but the 1946 sessions recessed to 1946.

Table 1.—Public assistance in the United States, by month, March 1946–March 1947<sup>1</sup>

Year and month	Total	Old-age assistance	Aid to dependent children		Aid to the blind	General assistance	Total	Old-age assistance	Aid to dependent children		Aid to the blind	General assistance
			Families	Children					Families	Children		
Number of recipients						Percentage change from previous month						
1946												
March		2,071,092	292,741	751,839	72,352	303,000		+0.4	+2.3	+2.5	+0.4	+2.8
April		2,088,031	300,938	772,570	72,739	292,000		+8	+2.8	+2.8	+5	-3.6
May		2,098,977	307,069	786,712	73,427	283,000		+5	+2.0	+1.8	+9	-2.2
June		2,108,216	311,294	799,414	73,945	278,000		+4	+1.4	+1.6	+7	-1.6
July		2,116,505	314,516	806,558	74,406	279,000		+4	+1.0	+1.9	+6	+2
August		2,126,635	318,571	816,886	74,823	280,000		+5	+1.3	+1.3	+6	+4
September		2,134,585	323,360	829,309	75,253	282,000		+4	+1.5	+1.5	+6	+8
October		2,155,890	329,691	844,589	75,705	290,000		+1.0	+2.0	+1.8	+6	+2.8
November		2,174,616	337,197	862,356	76,165	298,000		+9	+2.3	+2.1	+6	+2.8
December		2,196,806	346,235	885,227	76,688	315,000		+1.0	+2.7	+2.7	+7	+5.5
1947												
January		2,212,945	354,378	905,855	76,986	336,000		+8	+2.4	+2.3	+4	+6.6
February		2,227,868	363,649	929,705	77,272	344,000		+7	+2.6	+2.6	+4	+2.7
March		2,243,393	374,387	957,134	77,677	344,000		+7	+3.0	+3.0	+5	-1
Amount of assistance						Percentage change from previous month						
1946												
March	\$93,618,319	\$84,877,555	\$15,772,377	\$2,443,387	\$10,525,000	+1.7	+0.7	+3.3		+0.7	+5.8	
April	93,562,804	85,445,101	16,195,125	2,462,578	9,480,000	-1	+9	+2.7		+8	-10.1	
May	94,245,612	85,877,228	16,475,590	2,491,794	9,401,000	+7	+7	+1.7		+1.2	-6	
June	94,690,769	86,363,812	16,717,480	2,517,477	9,092,000	+5	+7	+1.5		+1.0	-3.3	
July	95,779,264	86,985,744	16,862,803	2,541,717	9,389,000	+1.1	+9	+9		+1.0	+3.3	
August	97,110,506	87,663,188	17,225,179	2,567,139	9,655,000	+1.4	+1.0	+2.1		+1.0	+2.8	
September	98,954,449	88,634,794	17,918,209	2,604,446	9,797,000	+1.9	+1.4	+2.0		+1.5	+1.5	
October	107,498,562	94,219,288	19,731,685	2,714,606	10,833,000	+8.6	+8.1	+10.1		+4.2	+10.6	
November	110,385,737	96,080,252	20,411,575	2,762,910	11,131,000	+2.7	+2.5	+3.4		+1.8	+2.7	
December	114,314,349	97,531,118	21,545,133	2,812,098	12,426,000	+3.6	+1.9	+5.6		+1.8	+11.6	
1947												
January	116,678,504	78,314,543	22,085,013	2,829,948	13,449,000	+2.1	+1.0	+2.5		+1.6	+8.2	
February	118,228,265	78,962,347	22,786,969	2,851,949	13,627,000	+1.3	+8	+3.2		+8	+1.3	
March	120,980,145	80,714,355	23,695,169	2,918,621	13,652,000	+2.3	+2.2	+4.0		+2.3	+2	

<sup>1</sup> Data subject to revision. Excludes programs administered without Federal participation in States administering such programs concurrently with programs under the Social Security Act.

Table 2.—Old-age assistance: Recipients and payments to recipients, by State, March 1947<sup>1</sup>

State	Number of recipients	Payments to recipients		Percentage change from—				State	Number of recipients	Payments to recipients		Percentage change from—			
		Total amount	Average	February 1947 in—		March 1946 in—				Total amount	Average	February 1947 in—		March 1946 in—	
				Number	Amount	Number	Amount					Number	Amount	Number	Amount
Total	2,243,393	\$80,714,355	\$35.98	+0.7	+2.2	+8.3	+24.4	Mo.	111,989	\$3,880,642	\$34.65	+0.6	+1.0	+8.7	+38.6
Ala.	49,260	880,876	17.88	+2.9	+1.9	+40.2	+58.1	Mont.	10,652	397,653	37.33	( <sup>2</sup> )	+6	-1.1	+14.1
Alaska	1,384	58,754	42.45	+1.2	-2.2	+3.2	+9.0	Neb.	25,140	977,318	38.88	0	+1.1	+4.3	+26.5
Ariz.	10,351	511,161	49.24	+1.1	+1.0	+9.4	+39.1	Nev.	1,956	91,963	47.02	+7	+1.6	+1.7	+23.4
Ark.	36,680	685,783	18.70	+3.9	+2.3	+40.2	+56.0	N. H.	6,727	232,994	34.64	+4	+5	+2.3	+15.0
Calif.	168,393	8,864,513	52.64	+6	+6	+5.1	+16.4	N. J.	22,986	923,273	40.17	+1	+1	( <sup>2</sup> )	+22.3
Colo.	41,958	2,490,253	59.35	-2	+43.3	+3.4	+48.0	N. Mex.	7,617	276,988	36.25	+2.1	+2.3	+19.2	+38.7
Conn.	14,838	642,913	43.33	( <sup>2</sup> )	+1.3	+3.6	+10.9	N. Y.	106,863	5,060,597	47.36	+3	+2	+3.1	+27.5
Del.	1,175	24,566	20.91	-2	+1.2	-2.1	+9.3	N. C.	36,932	655,423	17.75	+1.8	+2.8	+13.0	+45.5
D. C.	2,294	73,722	32.14	+3	-18.9	-3	-4.7	N. Dak.	8,927	348,349	39.02	+5	+1.4	+2.8	+16.2
Fla.	50,600	1,831,187	36.19	+1.1	+1.4	+15.2	+38.7	Ohio	120,369	4,684,643	38.92	+3	+8	+3.5	+28.5
Ga.	76,864	1,311,770	17.07	+1.6	+3.2	+16.4	+68.2	Okl.	93,241	3,637,029	42.22	+7	+4	+10.9	+32.0
Hawaii	1,635	54,994	33.64	+1.8	+6.2	+11.8	+51.8	Oreg.	12,793	1,016,855	44.70	+3.7	+4.4	+9.8	+25.0
Idaho	10,440	437,187	41.88	+6	+8	+6.8	+36.9	Pa.	89,891	3,049,931	33.93	+2	-2	+5.9	+16.4
Ill.	126,793	4,974,741	39.24	+1	+5	+1.9	+19.0	R. I.	8,194	311,836	38.06	+1.0	+2.8	+9.3	+19.3
Ind.	56,507	1,645,735	29.12	+3	+1.3	+4.4	+15.7	S. C.	27,756	564,056	20.32	+2.6	+2.2	+25.0	+58.9
Iowa	48,314	1,883,150	38.98	( <sup>2</sup> )	+1.3	-2	+16.6	S. Dak.	12,794	417,502	32.66	+1	+3	+8	+22.7
Kans.	33,400	1,154,615	34.57	+8	+1.4	+15.3	+29.5	Tenn.	45,351	842,220	18.57	+1.9	+9	+19.9	+37.2
Ky.	46,043	799,938	17.37	+1.0	+1.0	+2.4	+52.5	Tex.	190,934	5,478,509	28.69	+6	+5.4	+7.9	+24.2
La.	46,668	1,115,551	23.96	+1.4	+1.9	+29.1	+34.6	Utah	12,898	589,936	45.74	-1	+3	+9	+13.3
Maine	15,696	535,859	34.14	+8	+1.2	+4.2	+16.0	Vt.	5,567	171,802	30.86	+1.1	+2.9	+5.9	+35.0
Md.	11,770	359,742	30.56	-1	+1	+2.6	+11.2	Va.	15,525	269,358	17.35	+1.1	+2.3	+4.7	+17.2
Mass.	84,139	4,242,997	50.43	+3	( <sup>2</sup> )	+7.9	+18.2	Wash.	66,631	2,744,360	56.20	-5	-3	+4.7	+9.6
Mich.	92,706	3,322,558	35.84	+5	+5	+5.2	+13.2	W. Va.	20,209	395,142	19.55	+4	+3	+9.2	+25.7
Minn.	54,060	1,979,872	36.62	+1	+1.5	-4	+10.4	Wis.	47,070	1,609,919	35.48	+4	+8	+2.4	+18.7
Miss.	38,755	660,452	17.04	+9	+1.1	+44.1	+50.6	Wyo.	3,770	183,626	48.71	+6	+6	+8.1	+35.0

<sup>1</sup> For definitions of terms see the *Bulletin*, July 1945, pp. 27-28. All data subject to revision.

<sup>2</sup> Increase of less than 0.05 percent.

lution to the effect that an amount is to be included in the requirements of aged and blind recipients to meet recreational needs. Arizona raised the monthly maximum for aid to the blind from \$50 to \$60 and for old-age assistance from \$40 to \$50. Vermont abolished the maximum for aid to dependent children payments. A Massachusetts amendment provides that, in furnishing aid to dependent children, the amount of assistance shall be determined in accordance with budgetary standards approved by the State agency.

As of the end of 1946, 22 States had no statutory maximum on old-age assistance payments, 37 had none for aid to dependent children, and 26 none for aid to the blind.

### *Property Provisions*

Louisiana made two changes in its property provisions. It repealed the provision in its old-age assistance and aid to the blind laws which required that, on the death of the recipient, the total amount of assistance paid should be allowed as a claim against his estate. Another law, affecting all three programs, requires that recipients must, under penalty, report to the local agency whenever they become possessed of any property in excess of the amount stated in the application for assistance.

In Massachusetts an applicant for old-age assistance who has insurance with a cash value of more than \$500 can now qualify for aid by assigning the value over \$500 to the town granting assistance. Formerly he could retain insurance up to \$1,000 face value, regardless of cash value. Special provisions apply to insurance with a face value of more than \$1,000.

Missouri raised the property limitation in old-age assistance, effective until June 30, 1949, from \$1,500 to \$2,500 for single persons and from \$2,000 to \$3,000 for married couples.

### *Payments to Residents of Institutions*

Arizona amended its public welfare law to make it possible for inmates of private institutions to receive aid to the blind. A similar amendment in Virginia will become effective when changes are made in the Social Security Act. Under the amended law, it will be possible to grant old-age as-

sistance and aid to the blind to persons in public institutions when Federal financial assistance is available in such cases. Nebraska authorized the payment of old-age assistance to persons while they are residing in a hospital operated or maintained by any county or municipality within the State. An amendment to the Ohio old-age assistance law permits assistance payments to inmates of public institutions unless the applicant pays nothing toward his maintenance.

As of the close of the 1946 legislative sessions, payments to inmates of private institutions could not be made under old-age assistance in eight States and under aid to the blind in three States. These figures represent a steady decline in the number of States that formerly had such restrictions and indicate progress toward the objective recommended by the Social Security Administration, the removal from the State laws of any restrictions on assistance to persons who are residing in private institutions. There are now seven States<sup>3</sup> that make assistance payments to residents of certain public institutions. This new trend in public assistance legislation was first indicated in 1945.

### *Eligibility Requirements for Aid to Dependent Children*

The Social Security Administration has recommended that the States eliminate restrictions in their aid to dependent children programs so that assistance may be granted to all needy children up to 18 years of age who are living with a parent or person assuming parental responsibility for such children in a family home. This recommendation would extend assistance to some children for whom payments are not now subject to Federal financial participation.

Kentucky deleted from its provisions the school-attendance requirement for children between 16 and 18 years of age and the requirement that a child must be living in the home of a parent or relative. Federal financial participation is available only for payments made to certain specified relatives. Vermont substituted "reg-

ularly attending school" for "currently enrolled in school" in the eligibility requirements for children 16 to 19 years of age. Virginia amended its laws to provide that, as soon as Federal financial participation becomes available under the Social Security Act, aid will be granted when persons other than one of the relatives now specified in the Social Security Act has the child in his care.

As of the close of the 1946 legislative sessions, 44 States granted aid to dependent children up to the age of 18 years, and, of these, 39 had a school-attendance requirement for children aged 16 to 18.

### *Miscellaneous Provisions*

Citizenship requirements were deleted by Kentucky from its old-age assistance law and by Vermont from its law for aid to the blind. As of the end of 1946, 24 States<sup>4</sup> required citizenship for receipt of old-age assistance; 1 State, for aid to dependent children; and 6, for aid to the blind.

In the Ohio program for aid to the blind, local financial participation amounting to one-third of the total costs was eliminated except for administrative costs. Under the amended law, Federal funds will be allotted to the counties on the basis on which they are received by the State. In aid to dependent children, Ohio retained local financial participation, but the law provides that the State, in allotting funds to the counties, is to maintain the same ratio of State to local funds as obtains between Federal and State funds.

Massachusetts amended its laws for all three programs (for the aged, the blind, and children) on safeguarding information about recipients. The laws now provide that, when necessary for the program's administration, information may be revealed to specified incorporated social agencies and medical service exchanges. Arizona amended its aid to the blind law to permit recipients of old-age assistance to receive aid to prevent blindness and to restore eyesight.

New Jersey amended its aid to the

<sup>3</sup> Arizona, Illinois, Nebraska, North Dakota, Ohio, Washington, and Wisconsin.

<sup>4</sup> Four of the twenty-four States provide that specified periods of residence in the United States may be accepted as a substitute for citizenship.



blind law by providing for prompt investigation of applications and for emergency assistance. Emergency aid may be granted by the county directors when both need and eligibility are apparent, but the grant is subject to the approval of the State agency.

### Organization

Both New York and Missouri made comprehensive changes in State public assistance agency organization.

The New York amendments affect the administration of all forms of public assistance. The county boards of child welfare that administered aid to dependent children in some counties were abolished, and the administration of this program is to be integrated with that of the other assistance programs.

New York permits cities of over 50,000 population to become city public welfare districts, distinct from the

counties. If the county set-up is such that the cities are not separate units, the city can select from among five optional plans to determine its relationship with the county. These options vary from one providing for the consolidation of all welfare activities in the county to one permitting the city to administer home relief, medical care, hospitalization, and other assistance as an agent of the county. No matter which option is

Table 3.—Aid to dependent children: Recipients and payments to recipients, by State, March 1947<sup>1</sup>

State	Number of recipients		Payments to recipients		Percentage change from—					
	Families	Children	Total amount	Average per family	February 1947 in—			March 1946 in—		
					Number of—		Amount	Number of—		Amount
					Families	Children		Families	Children	
Total.....	374,387	957,134	\$23,695,169	\$63.29	+3.0	+3.0	+4.0	+27.9	+27.3	+50.2
Total, 50 States <sup>2</sup> .....	374,339	957,026	23,693,619	63.29	+3.0	+3.0	+4.0	+27.9	+27.3	+50.2
Alabama.....	7,825	21,877	247,713	31.66	+1.2	+1.3	+1.4	+27.5	+27.2	+51.7
Alaska.....	219	527	9,714	44.36	+4.2	+8.4	+5.6	( <sup>3</sup> )	( <sup>3</sup> )	( <sup>3</sup> )
Arizona.....	2,314	6,667	118,510	51.21	+4.3	+5.3	+4.2	+43.1	+42.9	+83.4
Arkansas.....	6,036	16,081	222,393	36.84	+4.2	+4.3	+3.7	+45.2	+44.7	+94.2
California.....	9,660	24,414	922,104	95.46	+3.4	+5.3	+3.4	+31.0	+29.9	+41.1
Colorado.....	4,064	11,167	287,512	70.75	+1.2	+1.6	+2.3	+13.9	+14.4	+30.8
Connecticut.....	2,717	6,738	254,294	93.59	—2	—9	+2	+8.0	+7.8	+12.8
Delaware.....	245	686	21,816	89.04	—4	—9	—1.8	+13.7	+15.8	+36.1
District of Columbia.....	1,249	3,778	75,273	60.27	+6.1	+5.6	+14.9	+74.2	+69.7	+57.3
Florida.....	8,921	22,215	315,328	35.35	+11.6	+12.1	+11.9	+36.6	+37.7	+41.9
Georgia.....	6,412	16,554	228,449	35.63	+6.2	+6.3	+7.2	+56.7	+61.0	+119.4
Hawaii.....	857	2,636	77,669	90.63	+6.2	+6.2	+9.9	+45.3	+42.2	+89.0
Idaho.....	1,735	4,566	138,285	79.70	+2.7	+3.0	+3.0	+29.6	+24.9	+70.3
Illinois.....	23,641	58,083	1,963,091	83.04	+1.7	+1.8	+2.2	+11.3	+13.0	+38.6
Indiana.....	7,393	18,106	290,629	39.31	+1.6	+1.7	+1.9	+17.2	+20.1	+22.2
Iowa.....	4,055	10,417	141,858	34.98	+1.3	+1.4	+1.8	+17.9	+18.0	+22.7
Kansas.....	4,579	11,380	322,532	70.44	+3.6	+3.7	+3.7	+37.6	+35.1	+72.2
Kentucky.....	8,164	21,001	340,114	41.66	+4.6	+4.6	+4.3	+48.2	+45.7	+188.1
Louisiana.....	10,833	28,444	498,461	45.59	+2.2	+2.2	+2.1	+25.0	+25.6	+46.8
Maine.....	1,971	5,681	180,426	91.54	+3.6	+3.6	+4.1	+26.0	+28.1	+59.4
Maryland.....	4,733	13,498	229,775	48.55	+2.6	+2.0	+1.9	+30.9	+29.1	+66.7
Massachusetts.....	8,888	22,007	862,531	97.04	+1.6	+1.8	+1.7	+11.6	+11.1	+26.0
Michigan.....	19,470	46,425	1,511,794	77.05	+2.4	+2.4	+2.2	+23.7	+23.0	+39.2
Minnesota.....	5,707	14,618	318,909	55.90	+2.6	+2.6	+2.5	+14.7	+15.6	+20.0
Mississippi.....	4,855	12,847	128,333	26.43	+4.7	+4.7	+4.8	+51.8	+52.3	+52.4
Missouri.....	18,448	48,092	685,308	37.15	+2.3	+2.0	+2.1	+36.9	+35.0	+40.8
Montana.....	1,636	4,344	105,917	64.74	+3.1	+2.7	+4.8	+15.1	+16.5	+37.4
Nebraska.....	3,058	7,252	243,830	79.74	+2.1	+2.1	+3.2	+26.6	+26.7	+56.6
Nevada.....	48	108	1,660	( <sup>3</sup> )	( <sup>3</sup> )	( <sup>3</sup> )	( <sup>3</sup> )	( <sup>3</sup> )	( <sup>3</sup> )	( <sup>3</sup> )
New Hampshire.....	1,060	2,705	82,885	78.19	+1.2	+6	+2.1	+18.8	+18.2	+29.3
New Jersey.....	3,916	10,046	295,102	75.36	+1.8	+2.2	+4.4	+12.3	+13.5	+32.3
New Mexico.....	3,393	8,503	165,326	48.73	+4.0	+4.1	+5.2	+23.8	+22.9	+62.5
New York.....	36,655	87,113	3,792,243	103.46	+3.8	+3.6	+4.2	+35.0	+31.4	+69.2
North Carolina.....	7,352	20,634	256,339	34.87	+2.5	+2.9	+3.7	+15.3	+20.4	+45.3
North Dakota.....	1,640	4,460	119,052	72.59	+1.3	+6	+3.3	+12.9	+10.0	+37.6
Ohio.....	9,101	24,973	618,790	67.99	+1.4	+1.3	+1.9	+13.6	+13.9	+33.9
Oklahoma.....	25,741	62,345	1,161,058	45.11	+3.0	+3.1	+3.1	+45.6	+44.2	+87.2
Oregon.....	2,495	6,324	234,629	94.04	+17.5	+46.4	+44.6	+87.2	+92.1	+106.3
Pennsylvania.....	38,058	98,226	2,745,303	72.13	+2.0	+2.0	+1.3	+28.3	+25.3	+39.5
Rhode Island.....	2,186	5,493	164,145	75.09	+3.3	+2.9	+4.5	+32.2	+28.5	+44.2
South Carolina.....	5,102	14,058	139,039	27.25	+3.0	+3.7	+3.7	+26.4	+18.6	+48.1
South Dakota.....	1,946	4,775	89,706	46.10	+1.7	+1.7	+1.6	+21.2	+22.3	+42.8
Tennessee.....	12,925	34,508	453,715	35.10	+1.9	+1.9	+1.8	+12.3	+13.4	+28.1
Texas.....	12,597	31,792	527,894	41.80	+3.9	+4.2	+68.5	+58.0	+63.3	+132.8
Utah.....	2,427	6,500	247,050	101.79	+1.8	+1.9	+2.0	+20.7	+20.4	+62.6
Vermont.....	664	1,844	30,662	46.18	+1.4	+2.2	+2.1	+9.2	+14.9	+41.8
Virginia.....	4,296	12,462	166,353	38.72	+3.1	+2.8	+5.5	+13.4	+15.5	+29.1
Washington.....	6,498	15,869	709,811	109.24	—1.1	—1.0	—2	+40.5	+38.9	+54.1
West Virginia.....	9,105	25,134	355,485	39.04	+3	+1	+1.2	+19.8	+18.8	+49.6
Wisconsin.....	6,992	17,394	562,017	80.38	+2.2	+2.5	+3.1	+11.9	+13.5	+40.7
Wyoming.....	405	1,147	34,445	85.05	+2.3	+1.1	+2.9	+31.5	+31.5	+83.4

<sup>1</sup> For definitions of terms see the *Bulletin*, July 1945, pp. 27-28. Figures in italics represent program administered without Federal participation. Data exclude programs administered without Federal participation in Florida, Kentucky, and Nebraska, which administer such programs concurrently with programs under the Social Security Act. All data subject to revision.

<sup>2</sup> Under plans approved by the Social Security Administration.

<sup>3</sup> Average payment not calculated on base of less than 50 families; percentage change, on less than 100 families.

selected, the law requires that there be one central office to which appli-

cants may apply for all assistance and service available.

The city public welfare districts and the counties must submit, for the

Table 4.—General assistance: Cases and payments to cases, by State, March 1947<sup>1</sup>

State	Number of cases	Payments to cases		Percentage change from—			
		Total amount	Average	February 1947 in—		March 1946 in—	
				Number	Amount	Number	Amount
Total <sup>2</sup> .....	344,000	\$13,652,000	\$39.65	—0.1	+0.2	+13.7	+29.7
Ala.....	4,737	75,206	15.88	+1.4	+1.8	+27.3	+38.6
Alaska.....	148	4,025	27.20	—5.1	—19.6	—23.3	—43.6
Ariz.....	2,203	65,320	29.65	—2.2	+2.3	—2.9	—7.9
Ark.....	2,691	33,081	12.29	+1.9	+1.2	+2	+2.4
Calif.....	23,663	1,075,181	45.44	+3.3	+4.3	+42.9	+60.1
Colo.....	4,295	162,769	37.90	+3.2	+3.5	+20.0	+37.9
Conn.....	3,413	141,364	41.42	+5.3	+7.4	—4.0	+11.2
Del.....	760	29,278	38.07	+8.8	+10.3	+51.4	+113.6
D. C.....	1,206	40,021	38.16	+6.3	—15.6	+60.2	+57.9
Fla.....	3,900	61,000	15.64	—	—	—	—
Ga.....	2,995	41,977	14.02	+1.4	+2.3	+10.8	+19.2
Hawaii.....	887	35,527	40.05	+11.9	+12.3	+37.1	+68.4
Idaho.....	535	14,984	28.01	+9	+2.0	+1.7	+2.7
Ill.....	23,944	1,064,529	44.46	+2.7	+2.6	+14.9	+38.8
Ind.....	10,602	273,893	25.83	—1.0	+5.2	—2.5	+3.2
Iowa.....	4,788	134,429	28.08	+4	+1.7	+12.2	+45.2
Kans.....	4,931	207,502	42.08	+4.9	+8.1	+34.8	+72.6
Ky.....	2,100	27,000	12.86	—	—	—	—
La.....	8,203	171,638	20.92	—9	—1.0	+20.9	+14.7
Maine.....	2,412	97,514	40.43	—1.3	—1.4	+11.9	+27.6
Md.....	8,098	300,497	37.12	+9	+4	+28.0	+35.7
Mass.....	15,377	629,254	40.92	+2.5	+8.8	+2.0	+7.4
Mich.....	22,406	890,710	39.75	—5	—1.6	—21.3	—26.8
Minn.....	6,488	253,966	39.14	+1.1	+5	+13.8	+35.0
Miss.....	429	4,133	9.84	—5	+1.4	+14.4	+6.4
Mo.....	11,032	262,076	23.76	—12.9	—29.8	+27.1	+47.0
Mont.....	1,293	35,933	27.79	+8	+4.8	+14.6	+24.5
Nebr.....	1,815	51,187	28.20	—5.2	+2.0	—4.1	+16.3
Nev.....	286	5,585	19.53	+22.2	—10.4	+10.9	+20.4
N. H.....	1,198	41,231	34.42	—2.2	+3.5	+3.5	+8.0
N. J.....	6,052	298,293	49.29	+2.2	+5.5	+10.4	+43.5
N. Mex.....	1,710	36,923	21.59	+2.4	0	—24.6	—52.8
N. Y.....	53,097	3,570,631	67.25	+5.8	+7.1	+29.6	+73.1
N. C.....	3,177	44,430	13.98	+4.4	+10.6	+19.6	+41.7
N. Dak.....	817	26,015	31.84	—1.0	+1.1	+15.9	+35.1
Ohio.....	19,567	797,506	40.76	+3.3	+4.8	+13.9	+35.3
Okl.....	5,500	61,370	11.16	+1.9	+4.9	+10.9	+9.5
Oreg.....	5,807	270,136	46.52	—26.2	—29.0	+24.3	+22.4
Pa.....	33,471	1,205,862	36.03	+2.6	+8.7	+13.5	+15.9
R. I.....	2,563	119,845	46.40	+8	+12.6	+19.4	+24.9
S. C.....	4,362	53,199	12.20	+3.7	+3.3	+30.3	+14.9
S. Dak.....	949	23,901	25.19	+5.8	+2.1	+3.4	+21.0
Tenn.....	1,700	16,700	9.82	—	—	—	—
Tex.....	3,800	65,000	17.11	—	—	—	—
Utah.....	1,888	104,011	55.09	+1.8	+4.3	+9.3	+33.4
Vt.....	690	18,853	27.32	—3.5	+8.1	—20.7	—19.0
Va.....	3,609	71,126	19.71	+3.6	+4.5	+10.2	+20.4
Wash.....	10,198	466,725	45.77	—28.0	—40.3	+13.0	+1.0
W. Va.....	4,931	71,126	14.42	+1.7	+2.4	+2.0	—11.3
Wis.....	5,109	210,657	41.23	+1.1	+3.2	+9	+18.5
Wyo.....	460	20,988	45.63	—9	+7.5	+28.9	+72.1

<sup>1</sup> For definitions of terms see the *Bulletin*, July 1945, pp. 27-28. All data subject to revision.

<sup>2</sup> Partly estimated; does not represent sum of State figures because total excludes payments for, and an estimated number of cases receiving, medical care, hospitalization, and burial only in Indiana and New Jersey.

<sup>3</sup> State program only; excludes program administered by local officials.

<sup>4</sup> Based on actual reports including an estimated 97 percent of cases and payments.

<sup>5</sup> Estimated.

<sup>6</sup> Excludes assistance in kind and cases receiving assistance in kind only and, for a few counties, cash payments and cases receiving cash payments. Amount of payments shown represents about 60 percent of total.

<sup>7</sup> Includes unknown number of cases receiving medical care, hospitalization, and burial only, and total payments for these services.

<sup>8</sup> Excludes a few cases and small amount of local funds not administered by State agency.

<sup>9</sup> Includes cases receiving medical care only.

<sup>10</sup> Excludes estimated duplication between programs; 2,290 cases were aided by county commissioners and 3,323 cases under program administered by State Board of Public Welfare. Average per case and percentage change in number of cases not computed.

Table 5.—Aid to the blind: Recipients and payments to recipients, by State, March 1947<sup>1</sup>

State	Number of recipients	Payments to recipients		Percentage change from—			
		Total amount	Average	February 1947 in—		March 1946 in—	
				Number	Amount	Number	Amount
Total.....	77,677	\$2,918,621	\$37.57	+0.5	+2.3	+7.4	+19.4
Total, 47 States <sup>2</sup> .....	60,863	2,277,821	37.43	+7	+2.9	+7.9	+23.9
Ala.....	978	19,523	19.96	+1.9	+1.7	+20.6	+44.7
Ariz.....	607	35,427	58.36	+8	+6	+21.9	+61.6
Ark.....	1,402	30,113	21.48	+1.7	+9	+22.7	+41.0
Calif.....	6,223	391,704	62.94	+2	+8.7	+9.3	+18.7
Colo.....	418	15,607	37.34	—2.1	—1.8	—5.0	—2.7
Conn.....	135	5,318	39.39	—7	—4	—7	—8
Del.....	108	3,002	27.80	+2.9	+2.3	( <sup>3</sup> )	( <sup>3</sup> )
D. C.....	210	7,141	34.00	+1.9	—19.1	+8.2	—3
Fla.....	2,584	96,706	37.42	+1.1	+1.4	+11.0	+33.4
Ga.....	2,204	44,948	20.39	+2	+1.6	+9.5	+53.1
Hawaii.....	64	2,294	35.84	( <sup>3</sup> )	( <sup>3</sup> )	( <sup>3</sup> )	( <sup>3</sup> )
Idaho.....	211	9,857	46.72	+1.4	+2.3	+5.5	+43.7
Ill.....	4,870	185,424	38.07	—2	( <sup>3</sup> )	—3.5	+5.3
Ind.....	1,920	60,815	31.67	+1	+9	—4	+7.2
Iowa.....	1,237	56,728	45.86	+6	+2.1	+2.7	+24.9
Kans.....	1,121	44,443	39.65	—3	+1.3	+6.6	+25.9
Ky.....	1,635	29,957	18.32	+9	+1.1	+5.1	+46.0
La.....	1,468	43,646	29.73	+9	+2.0	+8.2	+22.9
Maine.....	757	26,063	34.43	—4	+1	+4.5	+3.7
Md.....	465	15,803	33.98	—4	—3	+5.2	+12.8
Mass.....	1,155	57,940	50.16	+1.1	+1.4	+10.4	+18.3
Mich.....	1,386	55,814	40.27	+6	+6	+5.9	+18.5
Minn.....	967	41,646	43.07	+6	+1.3	+2.9	+13.1
Miss.....	1,950	46,292	23.72	+2.4	+2.8	+28.6	+34.3
Mo.....	2,850	85,500	30.00	—1.0	—6	—5	—5
Mont.....	375	15,003	40.01	+1.1	+1.7	+8.4	+22.1
Nebr.....	452	17,910	39.62	+2	+2.2	+4.4	+28.2
Nev.....	25	1,085	( <sup>3</sup> )	( <sup>3</sup> )	( <sup>3</sup> )	( <sup>3</sup> )	( <sup>3</sup> )
N. H.....	288	10,417	36.17	+7	—2	+2.5	+17.5
N. J.....	580	24,218	41.76	—5	+6	+7.8	+28.6
N. Mex.....	272	10,772	39.60	+4	+9	+10.6	+55.7
N. Y.....	3,295	174,036	52.82	+1.0	+2.2	+7.4	+33.1
N. C.....	2,778	70,165	25.26	+1.4	+3.8	+11.4	+34.9
N. Dak.....	125	4,672	37.38	+8	+8	+9.6	+20.9
Ohio.....	3,185	111,735	35.08	0	+9	+3.3	+29.0
Okl.....	2,307	98,894	42.87	+1.1	+1.2	+18.6	+39.2
Oreg.....	399	21,153	53.02	+5.6	+5.5	+8.4	+20.8
Pa.....	13,939	554,265	39.76	+1	+5	+6.9	+7.1
R. I.....	123	4,996	40.62	+1.7	+2.6	+12.8	+35.9
S. C.....	1,149	27,234	23.70	+1.4	+2.0	+16.1	+31.4
S. Dak.....	218	6,537	29.99	+5	+8	+1.4	+26.3
Tenn.....	1,676	38,169	22.77	+7	+8	+8.0	+23.1
Tex.....	5,205	163,098	31.33	+7	+6.9	+10.3	+32.9
Utah.....	145	7,607	52.48	+1.4	+4.6	+4.3	+32.2
Vt.....	171	5,931	34.68	—6	—7	+4.3	+14.3
Va.....	1,089	23,706	21.77	+1.3	+2.9	+13.2	+26.4
Wash.....	651	43,340	66.57	—2	+4.1	+4.2	+19.1
W. Va.....	877	19,315	22.02	+5	+8	+6.8	+21.6
Wis.....	1,307	46,597	35.65	+3	+9	+4.1	+11.3
Wyo.....	121	6,135	50.70	+3.4	+4.2	+7.1	+31.2

<sup>1</sup> For definitions of terms see the *Bulletin*, July 1945, pp. 27-28. Figures in italics represent programs administered without Federal participation. Data exclude program administered without Federal participation in Connecticut, which administers such program concurrently with program under the Social Security Act. Alaska does not administer aid to the blind. All data subject to revision.

<sup>2</sup> Under plans approved by the Social Security Administration.

<sup>3</sup> Average payment not calculated on base of less than 50 recipients; percentage change, on less than 100 recipients.

<sup>4</sup> Increase of less than 0.05 percent.

<sup>5</sup> Represents statutory monthly pension of \$30 per recipient; excludes payment for other than a month.

State agency's approval, plans outlining the methods and standards to be followed in administering public assistance and care, within the standards and policies established by the State.

The ratio of State financial assistance to the localities is changed in line with changes made in other State aid programs. The State will now finance all but 20 percent of all local assistance expenditures.

In Missouri a new law establishes a Department of Public Health and Welfare composed of three divisions—health, mental diseases, and welfare—and abolishes the State Board of Health, the Board of Managers of State Eleemosynary Institutions, and the State Social Security Commission. The director of the new State agency and the three division heads are appointed by the Governor and serve 4-year terms concurrent with his. The duties of the old Social Security Commission and those of the Missouri Commission for the Blind are assigned to the Division of Welfare. Advisory welfare commissions are continued in each county; they are made up of four persons appointed by the Director of Public Health and Welfare from a list submitted by the county courts.

Kentucky established an advisory commission for the blind. The Missouri Legislature passed an act requiring all State agencies to file their rules and regulations with the secretary of state, who is to publish them in a monthly bulletin. Any person may petition an agency to promulgate, amend, or repeal a rule. A West Virginia statute regulating hospital service corporations makes provision for such corporations to receive payments from public agencies to cover the fees for needy persons.

### General Assistance

New Jersey consolidated its public assistance activities under the municipal director of welfare and abolished the office of "overseer of the poor." The State Legislature also authorized the counties of Morris and Warren to exceed the present \$30 limitation for general assistance payments. Another law gives counties the right to enforce claims against the person and estate of recipients for the cost of maintenance.

The Virginia general assistance law was amended to give recipients and applicants the right to appeal local agency decisions; the State also provided for a plan of hospitalization and treatment of indigent persons through joint action of the State, the counties, and the cities.

New York State amended its veterans' assistance law to bring it into line with the changes made in other public assistance programs during the year, as noted above. A veteran is eligible for aid if he is residing in the district in which he applies. Formerly, he had to have lived in the State a year.

Two States—Missouri and Kentucky—changed the structure of the local agencies with authority over general assistance.

### Legislation for Related Programs

Amendments to State laws concerning adult institutions reflect the great interest of the States in the problem of providing institutional care for the aged and the sick. A Georgia law authorizes the State Board of Health to inspect and license hospitals, nursing homes, maternity homes, and other places that accept individuals for care or treatment.

Virginia passed a series of laws on this same subject. The State Department of Public Welfare is authorized to fix standards and make regulations for the operation of certain homes designed to provide care for aged, infirm, or chronically ill persons. The State Department of Public Welfare is also authorized to establish a State-wide system of public homes for the care of certain specified groups of ill and incompetent adults, who are to be considered eligible for public assistance when the Social Security Act is amended to permit Federal financial participation in payments to this group. The law is related to another Virginia law, discussed earlier, that would make inmates of public institutions eligible for old-age assistance and aid to the blind whenever the Federal requirements are changed. Another law permits counties and cities to contract with other counties or cities, or with the boards or other governing bodies of any institution in the State,

for the maintenance and care in an approved home of an indigent, aged, infirm, or chronically ill person.

California amended that part of its licensing law which permitted the State Department of Social Welfare to delegate its licensing authority to certain local departments. The amended law provides that counties whose inspection service is approved by the State may be reimbursed by the State at a monthly rate of \$3 per license; it also provides for the distribution of Federal grants, if they should become available, for inspection service.

Missouri authorized the Division of Health of the Department of Health and Welfare to conduct a survey of hospital facilities, to publish their findings, and to formulate a State plan for constructing new facilities.

Under a new Mississippi law, counties may lease public property to private management; the counties thus have an opportunity to lease county almshouses in the expectation of qualifying the inmates for old-age assistance payments in which there could be Federal financial participation.

Wyoming enacted a law providing for the establishment of a State home for the aged and also, by joint resolution, proposed a constitutional amendment providing that any home or other institution established by the State for the care of aged or infirm persons shall not be under the control of the State Board of Charities and Reform.

### Program Operations

Total expenditures for assistance rose 2.3 percent from February to March. Expenditures for old-age assistance and aid to the blind increased in about this same proportion; those for aid to dependent children went up 4 percent, and for general assistance, only 0.2 percent. For each of the special types the increase in case loads was smaller than that in expenditures. The number of general assistance cases rose in most States, although a sharp drop in three States counteracted these increases. The 3-percent increase in the case load for aid to dependent children was the largest monthly increase since Janu-

ary 1940. The case load, however, has not yet returned to the levels of the spring of 1942.

As frequently happens, the largest State changes resulted from administrative or legislative action rather than from changes in need. In Florida, where the agency instructed visitors to approve eligible applicants for aid to dependent children who had applied in 1946, the number of families aided rose 12 percent. A large part of the 48-percent increase in families aided in Oregon was made up of families transferred from the general assistance rolls. Formerly the counties benefited by higher State matching on this program than on aid to dependent children. Old-age assistance and aid to the blind case loads were also increased, but less markedly, by the new State policy of making persons ineligible for general assistance if they are eligible for the special types of assistance, and general assistance was further reduced.

The 13-percent reduction in the general assistance case load in Missouri and the 28-percent reduction in Washington were in part forced reductions in expenditures. A smaller appropriation in Missouri made it necessary to reduce from 65 to 52 the percent of requirements met by the general assistance payment and any other income. Recipients whose other income met as much as 52 percent of their total needs were therefore removed from the rolls. The decline in Washington reflected some pick-up in seasonal employment, but in most counties depleted funds after unexpectedly high winter case loads forced arbitrary closings. Relatively more one-person cases than family cases were removed from the rolls.

Increases of \$18 in the average payment of old-age assistance in Colorado and of nearly \$5 in aid to the blind in California contributed to the increase in the national averages for these programs. State maximums were raised to \$63 in the first and to \$65 in the second of these programs. The family average for aid to dependent children in Texas increased from \$25.83 to \$41.90 because former reductions in payments were eliminated. The 20-percent reduction in all payments in the District of Columbia will be restored by supplementary payments.

## Social and Economic Data

### Social Security and Other Income Payments

#### All Income Payments to Individuals

Income of individuals in March—\$14.7 billion—remained practically at the January and February levels but was 12 percent above the amount a year earlier (table 1).

After increasing in the 3 preceding months, social insurance and related payments turned downward slightly in March and were about the same as March 1946 payments. Entrepreneurial income, net rents, and royalties also fell below the February amount but were about 22 percent above pay-

ments a year earlier. Other gains over March 1946 levels occurred in compensation of employees (9 percent), dividends and interest (12 percent), public aid (30 percent), and military and subsistence allowances (57 percent).

#### Social Insurance and Related Payments

Disbursements under selected social insurance and related programs totaled \$422.6 million in March, 4 percent more than in February but 10 percent less than a year earlier (table 2). Increases over the 12-month period in retirement, disability, and survivor payments were more than

Table 1.—Income payments to individuals, by specified period, 1940-47<sup>1</sup>

[Corrected to May 5, 1947]

Year and month	Total	Compensation of employees <sup>2</sup>	Entrepreneurial income, net rents, and royalties	Dividends and interest	Public aid <sup>3</sup>	Social insurance and related payments <sup>4</sup>	Military and subsistence allowances <sup>5</sup>
Amount (in millions)							
1940.....	\$76,210	\$18,218	\$14,313	\$9,175	\$2,675	\$1,801	\$28
1941.....	92,710	40,282	18,599	9,761	2,325	1,744	19
1942.....	117,311	79,970	23,833	9,771	1,647	1,844	146
1943.....	143,089	101,813	27,161	10,389	997	1,793	1,026
1944.....	156,721	112,043	28,017	11,195	942	1,970	2,554
1945.....	160,607	111,390	29,894	12,304	990	2,025	3,134
1946.....	164,666	107,133	34,688	13,572	1,181	6,288	1,804
1946							
March.....	13,141	8,670	2,631	1,091	94	540	115
April.....	13,234	8,739	2,609	1,098	93	565	130
May.....	13,421	8,747	2,745	1,107	94	575	153
June.....	13,486	8,839	2,717	1,127	95	566	142
July.....	14,029	9,027	3,090	1,143	96	558	136
August.....	14,111	9,164	3,004	1,153	97	553	140
September.....	13,804	9,143	2,735	1,161	99	530	136
October.....	14,245	9,110	3,192	1,169	107	500	167
November.....	14,513	9,229	3,337	1,175	110	468	194
December.....	14,644	9,336	3,333	1,185	114	489	187
1947							
January.....	14,756	9,367	3,347	1,195	117	546	184
February.....	14,751	9,419	3,290	1,209	118	555	173
March.....	14,725	9,445	3,221	1,221	122	536	180
Percentage distribution							
March 1946.....	100.0	66.0	20.0	8.3	0.7	4.1	0.9
March 1947.....	100.0	64.1	21.9	8.3	.8	3.6	1.2

<sup>1</sup> Compensation of employees; entrepreneurial income, net rents, and royalties; and dividends and interest adjusted for seasonal variation.

<sup>2</sup> Wage and salary payments minus deductions for employee contributions to social insurance and related programs. Includes industrial pensions, payments to the armed forces, mustering-out pay, and, beginning September 1946, terminal-leave pay.

<sup>3</sup> Payments to recipients under 3 special public assistance programs and general assistance. For 1940-43, includes earnings of persons employed by NYA, WPA, and CCC, and value of food stamps under food stamp plan; for 1940-42, includes farm subsistence payments.

<sup>4</sup> Payments of old-age and survivors insurance,

railroad retirement, Federal, State, and local retirement, workmen's compensation, veterans' pensions and compensation, State sickness compensation, State and railroad unemployment insurance, and readjustment allowances to unemployed and self-employed veterans.

<sup>5</sup> Government portion of payments to dependents of members of the armed forces (portion deducted from military pay included under compensation of employees as part of military pay rolls), subsistence allowances to veterans under the Servicemen's Readjustment Act, and veterans' bonus.

Source: Department of Commerce, Office of Business Economics.



Table 2.—Selected social insurance and related programs, by specified period, 1940-47

[In thousands; data corrected to May 27, 1947]

Year and month	Total	Retirement, disability, and survivor programs										Unemployment insurance programs				Read-justment allow-ances to self-em-ployed veter-ans <sup>14</sup>	
		Monthly retirement and disabil-ity benefits <sup>1</sup>				Survivor benefits						State sick-ness com-pensa-tion laws <sup>11</sup>	State unem-ploy-ment insur-ance laws <sup>11</sup>	Servicemen's Read-justment Act <sup>12</sup>	Rail-road Unem-ploy-ment Insur-ance Act <sup>13</sup>		
						Monthly			Lump-sum <sup>6</sup>								
		Social Secu-rity Act <sup>2</sup>	Rail-road Retirement Act <sup>3</sup>	Civil Serv-ice Com-mis-sion <sup>4</sup>	Veter-ans Ad-minis-tration <sup>5</sup>	Social Secu-rity Act <sup>6</sup>	Rail-road Retirement Act <sup>7</sup>	Veter-ans Ad-minis-tration <sup>8</sup>	Social Secu-rity Act	Rail-road Retirement Act	Civil Serv-ice Com-mis-sion <sup>4</sup>	Veter-ans Ad-minis-tration <sup>10</sup>					
Number of beneficiaries																	
1946																	
March.....	773.3	177.4	95.7	1,866.5	630.4	4.5	751.0	15.9	1.8	1.5	5.3	4.7	1,591.8	1,507.2	51.0	141.9	
April.....	799.1	178.7	96.8	1,984.7	641.9	4.5	766.0	17.0	2.0	1.5	4.6	5.3	1,402.4	1,626.1	51.7	233.0	
May.....	821.4	179.8	98.0	2,069.0	652.7	4.5	783.3	17.3	1.7	2.1	5.1	7.6	1,314.9	1,742.7	66.7	279.2	
June.....	840.7	180.6	99.1	2,130.4	661.4	4.5	789.8	16.2	1.7	2.7	5.1	7.4	1,174.1	1,781.5	74.9	261.8	
July.....	860.5	181.6	100.5	2,179.7	667.4	4.5	790.0	15.1	1.7	2.6	4.2	6.6	1,068.7	1,724.3	42.6	326.8	
August.....	880.4	182.5	101.6	2,203.1	673.5	4.5	804.7	15.6	1.7	2.2	5.4	5.8	980.2	1,669.2	49.1	332.5	
September.....	896.3	183.4	102.7	2,237.2	682.8	4.5	817.4	12.9	1.4	1.7	5.3	4.8	838.9	1,492.2	51.8	249.9	
October.....	912.7	184.2	103.9	2,262.6	693.7	4.5	830.1	16.6	1.4	2.1	6.3	4.7	765.3	1,097.5	57.4	191.2	
November.....	925.7	184.6	104.9	2,287.8	701.0	4.5	842.2	13.3	1.2	1.6	5.3	4.4	709.6	932.7	54.9	156.9	
December.....	934.7	185.0	106.5	2,314.4	707.6	4.5	849.4	15.1	.8	1.6	6.0	6.4	747.9	987.9	70.3	155.4	
1947																	
January.....	955.7	185.2	108.2	2,332.2	716.6	4.5	871.3	15.8	.9	2.0	7.0	17.3	892.6	1,148.6	88.2	167.0	
February.....	982.0	185.8	107.6	2,346.2	726.8	11.6	873.1	14.0	1.4	1.2	6.3	21.8	903.9	1,148.9	83.1	172.0	
March.....	1,002.7	186.3	110.0	2,352.9	736.1	22.1	876.9	16.7	.6	1.4	7.3	24.4	974.1	1,073.0	75.6	231.0	
Amount of benefits <sup>15</sup>																	
1941.....	\$1,188,702	\$21,074	\$114,166	\$62,019	\$317,851	\$7,784	\$1,448	\$105,696	\$11,736	\$2,497	\$5,810	\$3,960	\$518,700		\$15,961		
1941.....	1,085,488	55,141	119,912	64,933	320,561	25,454	1,559	111,799	13,328	3,421	6,170	4,352	344,321		14,537		
1942.....	1,130,721	80,305	122,806	68,115	325,265	41,702	1,603	111,193	15,038	4,114	6,108	4,120	344,084		6,208		
1943.....	921,463	97,257	125,795	72,961	331,350	57,763	1,704	116,133	17,830	5,560	7,344	4,350	\$2,857	79,643		917	
1944.....	1,119,684	119,009	129,707	78,081	456,279	76,942	1,765	144,302	22,146	6,591	7,863	4,784	5,035	62,385	\$4,113	582	
1945.....	2,067,434	157,391	137,140	85,742	697,830	104,231	1,772	254,238	26,135	8,138	10,244	5,049	4,669	445,866	114,955	2,359	
1946.....	5,152,228	230,285	149,188	96,418	1,268,984	130,139	1,817	333,640	27,267	9,127	13,992	7,491	4,771	1,095,475	1,491,294	39,917	
1946																	
March.....	462,746	16,635	11,858	7,670	92,277	9,597	142	25,924	2,263	883	883	465	343	127,013	148,956	3,210	
April.....	475,168	17,200	11,954	7,861	96,965	9,777	143	26,919	2,442	883	942	463	385	110,672	160,071	3,175	
May.....	472,101	17,690	12,036	7,970	99,344	9,943	143	27,025	2,461	797	1,250	527	551	103,889	155,175	4,238	
June.....	453,730	18,122	12,101	7,987	98,554	10,089	144	25,986	2,335	792	1,473	492	533	92,982	150,063	4,414	
July.....	461,203	18,577	12,175	8,020	101,726	10,195	144	26,455	2,187	818	1,477	450	477	88,408	152,648	4,279	
August.....	449,195	19,026	12,241	8,112	103,976	10,300	145	26,324	2,266	854	1,213	797	417	78,407	148,016	3,179	
September.....	419,623	19,379	12,314	8,242	117,547	10,447	145	30,687	1,892	692	987	787	339	63,216	124,082	3,409	
October.....	400,748	19,754	12,375	8,364	124,720	10,620	146	31,066	2,476	745	1,211	928	337	64,433	100,380	3,902	
November.....	368,858	20,038	12,407	8,421	133,700	10,740	145	30,737	1,986	661	1,180	800	316	54,097	74,421	3,618	
December.....	385,213	20,238	12,442	8,568	136,762	10,843	145	29,769	2,266	439	1,071	890	474	59,370	81,994	4,065	
1947																	
January.....	438,394	20,700	12,988	8,592	143,105	10,995	147	32,765	2,387	519	1,416	1,040	1,292	74,755	106,586	5,685	
February.....	405,385	21,298	13,035	8,794	137,939	11,169	355	31,372	2,119	798	896	1,040	1,571	65,910	88,394	4,851	
March.....	422,593	21,771	13,079	9,000	141,149	11,328	663	31,532	2,533	334	1,000	1,060	1,959	71,524	89,052	4,954	

<sup>1</sup> Old-age retirement benefits under all acts, disability retirement benefits under the Railroad Retirement and the Civil Service Retirement Acts, and disability payments to veterans.

<sup>2</sup> Primary and wife's benefits and benefits to children of primary beneficiaries. Partly estimated.

<sup>3</sup> Age and disability annuities and pensioners in current-payment status at end of month, and amounts certified, minus cancellations, during year.

<sup>4</sup> Retirement and disability benefits include survivor benefits under joint and survivor elections. Payments principally from civil-service retirement and disability fund but also include payments from Canal Zone and Alaska Railroad retirement and disability funds administered by the Civil Service Commission.

<sup>5</sup> Monthly retirement payments include accrued annuities to date of death paid to survivors. Refunds to employees leaving the service are not included but are summarized twice a year in the *Bulletin*.

<sup>6</sup> Veterans' pensions and compensation.

<sup>7</sup> Widow's, widow's current, parent's, and child's benefits. Partly estimated.

<sup>8</sup> Annuities to widows under joint and survivor elections, 12-month death-benefit annuities to widows and next of kin, and, beginning February 1947, widow's, widow's current, parent's, and child's benefits in current-payment status.

<sup>9</sup> Payments to widows, parents, and children of deceased veterans.

<sup>10</sup> Number of decedents on whose account lump-sum payments were made, and amount certified for payment.

<sup>11</sup> Payments for burial of deceased veterans.

<sup>12</sup> Compensation for temporary disability payable in Rhode Island beginning

April 1943 and in California beginning December 1946. Number represents average weekly number of beneficiaries. Annual amounts adjusted for voided benefit checks; monthly amounts not adjusted.

<sup>13</sup> Readjustment allowances to unemployed veterans only. Number before May 1946 represents average weekly number of veterans paid unemployment allowances during weeks ended in the month; number beginning May 1946 represents average weekly number of continued claims during weeks ended in the month.

<sup>14</sup> Number represents average number of persons receiving benefits for unemployment in a 14-day registration period. Annual amounts adjusted for underpayments and recoveries of overpayments; monthly figures not adjusted.

<sup>15</sup> Number before January 1947 represents number of veterans paid during month; number beginning January 1947 represents number of claims paid during month under the Servicemen's Readjustment Act.

<sup>16</sup> Payments to individuals: annual and lump-sum payments (amounts certified, including retroactive payments) and monthly payments in current-payment status under the Social Security and the Railroad Retirement Acts; amounts certified under the Railroad Unemployment Insurance Act; disbursements minus cancellations under the Civil Service Commission and the Veterans Administration programs; checks issued by State agencies under State unemployment insurance and State sickness compensation programs, and under the Servicemen's Readjustment Act.

<sup>17</sup> Preliminary estimate.

Source: Based on reports of administrative agencies.

offset by declines in unemployment insurance benefits, which fell 44 percent for the State programs and 40 percent for veterans' readjustment allowances.

Data on monthly retirement and survivor benefits under the Railroad Retirement Act are presented on a new basis in this issue. Previously the figures represented amounts certified to the Treasury for payment; beginning with data for March 1946, the figures have been revised to represent monthly benefits in current-payment status and hence are comparable with the data on monthly payments under the Social Security Act. Lump-sum payments and annual amounts, however, remain as payments certified.

The number of survivor insurance annuities under the amended Railroad Retirement Act increased from 7,054 in February (the first month in which these payments were made) to 17,608 in March, while the corresponding amounts disbursed were \$207,277 and \$516,052. Survivor and 12-month death-benefit annuities under the old act numbered 4,131 and 341, respectively, in March, and payments amounted to \$134,970 and \$12,409, the former increasing slightly, and the latter declining, from February amounts. Some 172,200 employee annuitants received \$12.2 million in March, a slight increase over the February amount. Another 14,100 former carrier pensioners received \$836,600, which represented a 2-percent drop from February levels and a 14-percent decline from the number and amount a year earlier.

#### *Estimated Pay Rolls in Covered Employment, Fourth Quarter, 1946*

Expanding pay rolls in covered industries and declines in the noncovered group as a whole resulted in near-record proportions of covered pay rolls in relation to all wages and salaries in 1946. Wage payments covered by old-age and survivors insurance—\$79 billion—represented 74.1 percent of all wages and salaries in 1946, ranging from 70.8 percent in the first quarter to 76.8 percent in the fourth. The proportion was higher than in any other year except 1941, when pay rolls covered by the program represented 74.7 percent of the total. In absolute terms, however, covered

pay rolls were \$33.6 billion more in 1946 than in 1941, or nearly three-fourths larger, while wages and salaries as a whole increased by \$45.7 billion (table 3).

In the fourth quarter, commercial and industrial pay rolls reached the record level of \$22.5 billion, an increase of 29 percent over the amount in the corresponding period a year earlier.

The widening gap between pay rolls covered by old-age and survivors in-

surance and those covered by State unemployment insurance laws suggests that the increase in the number of small establishments covered by the former program has been at a far more rapid rate than the increase resulting from extension of coverage under unemployment insurance laws. In 1938, pay rolls amounting to about \$3 billion were covered by old-age and survivors insurance but not by the State programs; this difference increased each year and in 1946 nearly

**Table 3.—Estimated pay rolls in employment covered by selected programs<sup>1</sup> in relation to all wages and salaries, by specified period, 1938-46**

[Data corrected to May 7, 1947]

Period	All wages and salaries <sup>2</sup>	Old-age and survivors insurance <sup>3</sup>	Railroad retirement <sup>4</sup>	State unemployment insurance <sup>5</sup>	Railroad unemployment insurance <sup>6</sup>
Amount (in millions)					
Calendar year:					
1938.....	\$41,247	\$20,026	\$2,028	\$26,200	\$2,028
1939.....	44,313	32,222	2,161	29,060	2,161
1940.....	48,797	35,668	2,273	32,450	2,273
1941.....	60,885	45,463	2,087	42,146	2,087
1942.....	80,793	58,219	3,382	54,796	3,382
1943.....	102,932	69,633	4,085	66,169	4,085
1944.....	113,631	73,349	4,507	69,121	4,507
1945.....	111,444	71,560	4,514	67,200	4,514
1946.....	106,624	79,020	4,866	72,135	4,866
1945					
Jan.-Mar.....	28,288	18,262	1,130	17,431	1,130
Apr.-June.....	28,906	18,558	1,141	17,534	1,141
July-Sept.....	27,424	17,281	1,136	16,142	1,136
Oct.-Dec.....	26,826	17,478	1,107	16,092	1,107
1946					
Jan.-Mar.....	24,407	17,280	1,140	15,888	1,140
Apr.-June.....	25,887	19,003	1,296	17,363	1,296
July-Sept.....	27,042	20,257	1,267	18,368	1,267
Oct.-Dec.....	29,288	22,490	1,253	20,486	1,253
Percent of all wages and salaries					
Calendar year:					
1938.....	100.0	70.4	4.9	63.5	4.9
1939.....	100.0	72.7	4.9	65.6	4.9
1940.....	100.0	73.2	4.7	66.6	4.7
1941.....	100.0	74.7	4.4	69.2	4.4
1942.....	100.0	72.1	4.2	67.8	4.2
1943.....	100.0	67.7	4.0	64.2	4.0
1944.....	100.0	64.2	4.0	61.2	4.0
1945.....	100.0	64.2	4.1	60.3	4.1
1946.....	100.0	74.1	4.6	67.7	4.6
1945					
Jan.-Mar.....	100.0	64.6	4.0	61.6	4.0
Apr.-June.....	100.0	61.2	3.9	60.7	3.9
July-Sept.....	100.0	62.9	4.1	58.9	4.1
Oct.-Dec.....	100.0	65.2	4.1	60.0	4.1
1946					
Jan.-Mar.....	100.0	70.8	4.7	65.1	4.7
Apr.-June.....	100.0	73.4	4.7	67.2	4.7
July-Sept.....	100.0	74.9	4.7	67.9	4.7
Oct.-Dec.....	100.0	76.8	4.3	69.9	4.3

<sup>1</sup> Includes data for Alaska and Hawaii. Pay roll in these 2 Territories covered by State unemployment insurance programs has ranged from \$18 million to \$78 million a quarter.

<sup>2</sup> Data from the Department of Commerce, the Office of Business Economics. Quarterly data have been adjusted to correct for distribution of bonus payments. Represents estimated wages and salaries paid in cash and in kind in continental United States and, in addition, Army and Navy pay rolls in all other areas. Includes employee contributions to social insurance and retirement programs. Because estimates of all wages and salaries are built up by industry groups, amount in covered and noncovered employment cannot be determined precisely. While the estimated amount in covered employment in-

cluded within this total differs from pay rolls in covered employment as given in this table, the difference is so small that it does not invalidate relationship of covered pay rolls to total. Commerce estimates for all wages and salaries relate to calendar quarters; other estimates relate to pay periods ended in calendar quarters.

<sup>3</sup> Taxable wages plus estimated nontaxable wages in excess of \$3,000 earned in employment covered by program.

<sup>4</sup> Taxable wages plus nontaxable wages in excess of \$300 per month. Data for 1946 preliminary.

<sup>5</sup> Taxable wages plus nontaxable wages earned in employment covered by program; excludes earnings of railroad workers covered by State laws through June 1939. Data for 1946 preliminary.

\$7 billion in wages and salaries was not covered by unemployment insurance though covered by the Federal old-age and survivors insurance program.

Covered railroad wages and salaries in 1946 totaled \$4.9 billion—more than double the prewar level. Relative to all wages and salaries, however, the 1946 total was less than in each of the years 1938–40, since total earnings expanded at a more rapid rate than did those under the railroad programs.

### The Third Actuarial Valuation of the Railroad Retirement Act\*

Section 15 (d) of the Railroad Retirement Act provides that "at intervals not longer than 3 years the Board shall make an estimate of the liabilities created by this Act and the Railroad Retirement Act of 1935 and shall include such estimate in its annual report." In conformity with this provision, three actuarial valuations have appeared to date.<sup>1</sup> The major problem of each of these valuations was to determine the most probable costs of benefits under the act in terms of a level percentage of future pay rolls.

The report on the third and latest valuation, which was completed in September 1946, concerned itself with the status of the railroad retirement system as of December 31, 1944. On the basis of the assumptions made, the valuation showed that beginning in 1945 a level tax rate of 8.99 percent would be required to permanently meet all future benefits as they become due. The existing financing schedule, however, remained unchanged in 1945–46, so that the actual combined employer and employee tax rate was only 6.5 percent in 1945 and 7.0 percent in 1946. Because of these deficits in the tax schedule, the report on the third valuation indicated that the required level rate beginning in 1947 would have to be 9.13 percent.

\*Prepared by the Office of Director of Research, Railroad Retirement Board. The actuarial valuation was conducted by Joseph Musher, Actuary of the Board.

<sup>1</sup>For a summary of the second valuation see the *Bulletin*, May 1944, pp. 21–26.

The level figure of 9.13 percent was based on the benefit structure of the railroad retirement system before the passage of the amendments enacted on July 31, 1946. The major changes effected by these amendments involve (1) the introduction of a system of survivor benefits similar to that contained in the Social Security Act though more liberal; (2) the elimination of the old lump-sum death-benefit provisions; (3) a liberalization of the eligibility requirements for a disability annuity; and (4) a revision of the minimum annuity provisions. The report on the third valuation presented an estimate of 3.50 percent as the indicated net increase in costs produced by the amendments. Thus, a total level tax rate of 12.63 percent (9.13+3.50) would apparently be required beginning in 1947 in order to establish a fully funded basis for the present expanded retirement and survivor benefit system.

In connection with the benefit structure of the 1937 Railroad Retirement Act before the amendments became effective, the third valuation showed that a combined tax rate equal to 5.20 percent would be adequate for new entrants after the valuation date (December 31, 1944). However, the valuation points out that this new-entrant rate of 5.20 percent, if applied to the earnings of all employees, would be entirely inadequate to meet the remaining obligations of the system. There are three major factors which contribute to this situation. First, the railroad retirement system took over a tremendous liability by allowing annuity credits for as much as 30 years for service rendered prior to 1937 even though taxes were not collected before that year. Second, the older age distribution of the active employees, as compared with new entrants, makes their subsequent-service benefits more expensive on the average. Finally, the taxes paid up to and through 1944 were insufficient from the standpoint of a fully funded system.

It was therefore necessary to determine the increased tax rate that would have to be assessed against all earnings after 1944 in order to meet the total obligations of the system, including the additional costs arising with respect to the active, retired, and inactive employees. Of major im-

portance in this calculation is the assumption made as to the level of future pay rolls. The higher that level, the lower would be the over-all rate required for adequate financing. For the third valuation, the equivalent level pay roll for the years after 1944 is \$3.5 billion. This figure was developed from two series of calendar-year estimates of railroad pay rolls prepared by economists of the Railroad Retirement Board. The equivalent level pay roll for 1945 and later becomes \$3,750 million and \$4,250 million for these estimates, as compared with the \$2,500 million figure for 1942 and thereafter, used in the second valuation. In adopting the estimates for the third valuation, it was considered desirable to make an allowance for contingencies which could lead to lower future pay rolls than seem probable at this time. An arbitrary reduction factor of 10 percent was applied to each figure, thus lowering the new estimates to \$3,380 million and \$3,820 million, respectively. A final decision was made to use a \$3,500 million pay roll for cost purposes, although the midpoint of the revised range (\$3,600 million) would evidently be no less justifiable.

On the basis of the \$3.5 billion pay roll assumption, the increased level tax rate required to meet the cost after 1944 of all benefits under the 1937 act was established at 8.99 percent and, as indicated previously, the corresponding rate starting in 1947 becomes 9.13 percent. The calculations are summarized in the table below. When the additional costs of the July 31, 1946, amendments are taken into consideration, the total level tax rate is raised by 3.50 percent, bringing the over-all figure to 12.63 percent.

The Actuarial Advisory Committee, consisting of three prominent actuaries not otherwise connected with the Board, reviewed the valuation and stressed the fact that, after making an allowance for funds on hand and taking credit for taxes at the new-entrant rate, the unfunded liabilities with respect to the future benefits of the active, retired, and inactive employees as of the valuation date have continued to grow with each succeeding valuation. It pointed out, however, that the rate of 12.63 percent as given in the actuary's report does take

**Table 4.—Estimated level costs of benefits under the 1937 act, according to the third valuation**

[Amounts in millions]	
Item	Costs
A. Excess value of benefits over funds on hand	\$7,235
B. Equivalent level annual pay roll	\$3,500
C. Present value of 1 percent of total future pay rolls	\$1,166.7
D. Present value of 1 percent of future earnings of active employees	\$558.4
E. Present value of 1 percent of new entrants' earnings (C-D)	\$608.3
F. Level cost for new entrants (percent)	5.20
G. Present value of total benefits to new entrants (E×F)	\$3,163
H. Item A plus item G	\$10,398
I. Level cost of benefits (percent) to all employees (H÷C)	8.91
J. Annual administrative expense	\$2.8
K. Item J as a percent of pay roll (J÷B)	.08
L. Total level cost (percent) as of valuation date (I+K)	8.99
M. Total level cost as of December 31, 1946 (percent)	9.13

into account the increases in these unfunded liabilities to date and that it seems proper on the basis of a \$3.5 billion annual pay roll, until such time as a subsequent valuation may show a further increase in such liabilities.

At the time that the new amendments to the Railroad Retirement Act of 1937 were passed, a new financing schedule went into effect. It calls for a total tax rate of 11.5 percent in 1947-48, 12.0 percent in 1949-51, and 12.5 percent in 1952 and thereafter. This schedule is equivalent to a level tax rate of 12.39 percent. As compared with the 12.63-percent figure shown by the third valuation, a deficit of 0.24 percent is indicated in the new tax rates. But this amount is relatively negligible when it is considered that the cost calculations are subject to a margin of error, on either side, of several times this deficit. With this consideration in mind, the Board concurred with the Actuarial Advisory Committee's review of the latest valuation and, at the same time, recommended no change in the present tax rates.

## Report on Health Services for British India

A comprehensive study of the health of British India and the means of improving it has recently been published as the *Report of the Health*

*Survey and Development Committee.*<sup>1</sup> The Committee, Sir Joseph Bhore, Chairman, was appointed by the Government of India in October 1943 to survey health conditions and health organization in British India and to make recommendations. Composed of 24 members, in addition to the chairman, the Committee was served by a secretariat and aided by 5 advisory committees appointed to deal with public health, medical relief, professional education, medical research, and industrial health.

After 2 years of study, hearings, and travel, the Committee issued its report on what is termed the first effort to survey "the whole field of public health and medical relief" in British India. Its findings include recommendations for achieving short-term and long-term objectives. The short-term program would substantially increase medical facilities and personnel within 10 years and establish a sound health organization on which future development could be based. The long-term recommendations contemplate a network of public health programs of parallel comprehensiveness and excellence for all the districts of India—a goal regarded as attainable over a 30-year period.

### The Health Problem

The population of British India, now estimated at 300 million, is steadily increasing. The death rate has dropped substantially, from a yearly average of 34 per 1,000 in 1911-20 to 22 per 1,000 in 1939-41. The birth rate has declined only slightly and stands at about 32 per 1,000 (1941). During 1939-41, births exceeded deaths by 3 million a year. The total population increase for 1921-41 was 83 million.

Existing health conditions are found to be marked "by the wide prevalence of disease and the consequent high rates of mortality in the community as a whole and, in particular, among such vulnerable groups as children and women in the reproductive age period." The general death rate in 1937 and the infant mortality rate are compared with certain English-speaking countries as follows:

Country	Mortality rate per 1,000 population	Infant mortality rate per 1,000 live births
British India	22.4	162
New Zealand	9.1	31
Canada	10.2	76
United States	11.2	54
England and Wales	12.4	58

Nearly half of all the deaths in the country—48 percent—take place among children under 10, as compared with 10 percent in England and Wales. The maternal mortality rate is very high among young mothers. According to a study made about 1930 in Madras, mothers under 15 had a maternal mortality rate of 47 per 1,000 confinements, as compared with 18 per 1,000 for those aged 20-24.

The causes of ill health include unemployment, poverty (per capita income being about one twenty-second of that in the United States), illiteracy (seven persons out of eight are illiterate), lack of sanitation, and social customs, such as early marriage and the "purdah," or system of seclusion of women among Mohammedans. The majority of the Committee held the purdah to be a significant cause of tuberculosis among women.

Other important factors in the health situation are poor nutrition and inadequate medical personnel and health facilities. The national diet is deficient. About 80 to 90 percent of the food consists of cereals, and from 1939-43 the amount of cereals produced fell short of the needs of the population by about 22 percent. The production of other articles of diet, such as vegetables, fruits, milk, meat, eggs, and fish, is inadequate. The defective diet is a leading cause of ill health.

The medical and health facilities require great expansion. Doctors number 47,400, of whom 13,000 are in Government institutions and agencies. There is 1 doctor for every 6,300 persons, but most private practitioners locate in cities whereas 90 percent of the population is in villages. Other medical personnel is in equally short supply; more specific information as to existing and proposed staffing is given under Recommendations, below.

Medical institutions now have about 73,000 beds for both general and special diseases—an average of 1 bed per

<sup>1</sup> New Delhi: Manager, Government of India Press, 1946, 4 volumes.



4,000 of population, or about 0.25 beds per 1,000. In England and Wales the ratio is 7 beds per 1,000, and in the United States, 10 per 1,000. In the United Provinces in 1942 the average number of people served by one medical institution was 105,626 in terms of rural population (comprising some 224 villages) and 17,668 for the urban population. The lack of enough institutions and doctors inevitably affects the quality of care. In one dispensary visited, the average number of cases seen in one hour was 75—or 48 seconds per patient. A byproduct of such conditions is the fact that many doctors lack the opportunity to work in a well-conducted hospital.

### Present Health Organization

The health organization of today includes a national Health Department, which up to September 1945 was a part of the Department of Education, Health and Lands. The Minister of the Health Department has two advisers, one the Director General of the Indian Medical Service, the other the Public Health Commissioner. The Provinces are autonomous in all matters relating to internal health policy and administration. Each Province has a Minister of Health who is responsible to the Provincial Legislature. As a rule, this Minister has two technical advisers, one responsible for administering the medical department and one, the public health department.

In the local areas the responsibility for general sanitation, control of infectious diseases, regulation of housing, control of the purity of food and water supplies, and similar matters rests with the district boards and local boards. The efficiency of local health administration is said by the Committee to be low, partly because of insufficient funds and partly because of the difficulty of enforcing the laws that exist. Except in Madras, where legislation has given the officials greater authority, the local health officer and the provincial director of public health have advisory functions only, even on epidemic control.

Hospital care is principally public. Of 7,441 medical institutions, only 566, or less than 8 percent, are maintained wholly by private agencies. Of the remaining 6,875, some 95 percent are

entirely a charge on public funds, both provincial and local, and the other 5 percent receive grants-in-aid from public funds. "Only a fraction of the requirements of the people is being met by the present services."

Lack of funds has been a major factor in holding back adequate development of health services. Expenditures for medical care and public health from provincial budgets varied in 1944-45 from less than 3 percent in Sind to 7 percent in Bihar. In Madras, Bombay, and Bengal, the respective percentages for such services were 5, 4, and 6 of the provincial budgets. The report declares that the Provinces should be required by law to spend at least 15 percent of their budgets on health.

### Solutions Recommended by the Committee

The Committee report includes recommendations regarding the organization of a national health service, but deals also with needs in other fields such as nutrition; physical education; health education; services for mothers, children, and school children; treatment of specific diseases, such as malaria, tuberculosis, and smallpox; environmental hygiene; and professional education and research. Only the first of these—the long-range and short-range plans for organization of a national health service—will be considered here.

The number of medical personnel in British India today and the number recommended for 1971, if needs are to be met for a Nation of 375 million, are shown in table 5.

In considering the best type of health organization, the Committee analyzes the question of individual medical practice as compared with salaried Government medical service. Without judging the issue in general, it finds that Indian requirements

"can only be met satisfactorily by the development and maintenance of a State health service." Developments in other countries, including Great Britain, the United States, Australia, New Zealand, and the U. S. S. R., lead the Committee to conclude that modern trends are in the direction of "provision by the State of as complete a health service as possible and the inclusion, within its scope, of the largest possible proportion of the community," with distribution to all regardless of capacity to pay.

Health insurance as a method of meeting the costs of medical care is not regarded by the Committee as suitable for India, because "a very large section of the people are living below the normal subsistence level and cannot afford as yet even the small contributions that an insurance scheme will require." Since benefits would in any case have to be supplied to this section of the population, an undesirable distinction would be created between those able and those unable to pay.

The best method of compensating physicians—Indian needs and experience with other methods being considered—is by a full-time salaried Government health service, the Committee declares. Only in this manner can physicians be obtained for the villages, where the overwhelming majority of the people live.

### The "Three Million Plan" of Health Organization

The long-term recommendations center about the "three million plan," so called because it would take the district as the administrative unit and the district usually has about 3 million population. The smallest, or primary, unit in the district would serve an area with from 10,000 to 20,000 persons.

Table 5.—Medical personnel in British India today and number recommended for 1971

Medical personnel	Number today	Present ratio to population	Suggested ratio for 1971	Number required in 1971
Doctors.....	47,400	1 to 6,300.....	1 to 2,000.....	185,000
Nurses.....	7,000	1 to 43,000.....	1 to 500.....	740,000
Health visitors.....	750	1 to 400,000.....	1 to 5,000.....	74,000
Midwives.....	5,000	1 to 60,000.....	1 to 4,000 (or 1 per 100 live births).....	92,500
Qualified pharmacists.....	75	1 to 4,000,000.....	1 to every 3 doctors.....	62,000
Qualified dentists.....	1,000	1 to 300,000.....	1 to 4,000.....	92,500

From 15 to 25 such primary units would form a secondary unit, and from 3 to 5 secondary units would form the district health unit. Each unit would have a health center from which its activities would radiate. The primary health center would have a 75-bed hospital; the secondary health center, a 650-bed hospital, with corresponding equipment. The district health center would have general and special hospitals with some 2,500 beds and all necessary consultant and laboratory services. Different grades of responsibility are contemplated, but each type of hospital is to have its own out-patient department and related services. Domiciliary service would operate entirely from the primary health centers. At the other extreme, the district would have with its 2,500-bed quota the responsibility for caring not only for usual and specialized medical and surgical cases but also for mental patients and those suffering from infectious diseases, including tuberculosis.

This program of health organization is "based mainly on a system of hospitals of varying size and of differing technical efficiency," which are to provide both immediate treatment and the basis for a preventive campaign. The hospitals, employing social workers as well as medical personnel, would carry the campaign for better health into the homes.

#### *The Short-Term Program of Health Organization*

The short-term program is regarded as the minimum if any tangible results are to be attained. In the field of personal health services, a Province-wide organization for preventive and curative health work is contemplated, providing for each district a much smaller number of primary and of secondary units than would the "three million plan." Under the short-term program there would also be special health services for mothers and children, school children, and industrial workers, supplemented by special measures for important diseases such as malaria, tuberculosis, and leprosy.

In the field of impersonal health services, the recommendations deal with town and village planning, housing, and sanitation.

The primary unit, over the first 10

years, would serve 40,000 persons, and each primary health center would have a dispensary with 2 beds for maternity and 2 for emergency cases. The secondary health center would start with a 200-bed hospital, to be increased to 500 by the end of the tenth year. No district health center would be established in this period. To expand rural facilities, a 30-bed hospital would be founded to serve 4 primary units, the number of hospitals to be doubled—and so serving 2 units each—by the end of the first 10

years. It is recommended that every district in each Province should have a district health organization, starting with 5 primary units and 1 secondary unit, and increasing gradually to 25 primary and 2 secondary units at the end of 10 years.

This program would increase the number of hospital beds from its present figure of 73,000 to about 183,000 after 5 years, and to about 353,000 after 10 years. The beds per 1,000 would rise to 1.03 after 10 years.

Dental service would be developed

Table 6.—State accounts and railroad account in the Federal unemployment trust fund, 1945 and 1946

[In thousands]

Accounts	Operations, 1946			Balance, December 31		Percentage change, 1945-46
	Deposits	Interest	Withdrawals	1946	1945	
Total.....	\$1,046,689	\$144,056	\$1,128,631	\$7,635,104	\$7,572,989	+0.8
State accounts, total.....	915,005	129,667	1,085,131	6,825,480	6,865,939	-0.6
Alabama.....	5,912	1,106	14,150	56,077	63,210	-11.3
Alaska.....	1,095	165	415	9,238	8,393	+10.1
Arizona.....	3,095	395	1,265	21,786	19,552	+10.9
Arkansas.....	4,903	594	3,805	32,006	30,314	+5.6
California.....	122,429	13,647	156,000	713,671	733,595	-2.7
Colorado.....	4,969	729	1,250	40,396	35,918	+12.4
Connecticut.....	25,858	3,334	19,000	181,262	171,071	+6.0
Delaware.....	1,119	263	1,824	13,783	14,225	-3.1
District of Columbia.....	2,045	845	1,980	44,572	43,062	+2.1
Florida.....	10,363	1,167	5,100	64,409	57,080	+11.1
Georgia.....	11,900	1,576	6,250	86,697	79,471	+9.1
Hawaii.....	1,521	370	170	20,074	18,352	+9.4
Idaho.....	3,089	317	750	17,990	15,335	+17.3
Illinois.....	42,812	9,409	76,000	482,464	506,242	-4.7
Indiana.....	18,331	3,343	23,850	177,754	179,929	-1.2
Iowa.....	7,804	1,241	4,400	67,676	63,030	+7.4
Kansas.....	6,095	985	8,680	51,744	53,545	-3.0
Kentucky.....	10,330	1,720	6,314	92,680	85,950	+8.6
Louisiana.....	8,983	1,512	11,750	79,716	80,972	-1.6
Maine.....	5,942	713	5,445	38,215	37,004	+3.3
Maryland.....	11,215	2,259	24,500	114,756	125,782	-8.8
Massachusetts.....	23,010	3,901	41,400	196,900	211,389	-6.9
Michigan.....	39,446	4,150	76,300	208,847	241,551	-13.5
Minnesota.....	14,055	1,814	9,700	99,683	93,514	+6.6
Mississippi.....	6,525	862	1,675	32,118	26,705	+20.3
Missouri.....	16,765	3,028	20,810	158,227	159,245	-0.6
Montana.....	4,035	393	1,225	22,423	19,220	+16.7
Nebraska.....	2,495	517	1,980	27,617	26,585	+3.9
Nevada.....	1,558	212	595	11,686	10,511	+11.2
New Hampshire.....	3,274	457	820	25,440	22,529	+12.9
New Jersey.....	67,858	8,181	77,575	435,381	436,918	-0.4
New Mexico.....	2,270	223	250	12,764	10,521	+21.3
New York.....	102,727	19,773	189,700	974,890	983,090	-0.8
North Carolina.....	15,560	2,211	4,375	121,577	108,181	+12.4
North Dakota.....	844	106	350	5,894	5,293	+11.4
Ohio.....	52,380	9,118	48,850	489,251	476,604	+2.7
Oklahoma.....	4,600	792	11,000	39,845	45,552	-12.5
Oregon.....	10,564	1,325	16,600	68,329	74,039	-6.4
Pennsylvania.....	62,545	11,258	93,000	586,105	605,321	-3.2
Rhode Island.....	13,431	1,407	11,075	77,037	73,274	+5.1
South Carolina.....	5,505	794	2,300	43,441	39,443	+10.1
South Dakota.....	664	131	208	7,123	6,535	+9.0
Tennessee.....	14,951	1,717	11,800	92,543	87,674	+5.6
Texas.....	16,073	2,983	14,450	159,294	154,689	+3.0
Utah.....	5,255	522	4,050	28,555	28,828	-0.9
Vermont.....	1,933	252	800	13,088	12,693	+3.0
Virginia.....	9,390	1,299	5,750	70,692	65,752	+7.5
Washington.....	27,115	2,745	47,500	136,824	154,464	-11.4
West Virginia.....	9,153	1,343	10,270	70,990	70,764	+0.3
Wisconsin.....	10,154	3,614	7,475	190,744	184,451	+3.4
Wyoming.....	1,248	169	350	9,324	8,258	+12.9
Railroad unemployment insurance account.....	131,684	14,389	43,500	809,623	707,050	+14.5

Source: Treasury Department, Bureau of Accounts.

somewhat in the second 5 years. It is considered impossible to make even a beginning before that time. Other aspects of a health program on which recommendations are made include housing accommodations for health personnel, traveling dispensaries, ambulance service, and utilization of Army buildings, equipment, and personnel made available after the war.

The short-term program "is intended to promote, from the beginning, the development of remedial and preventive health work on a unified basis as well as to provide an integrated institutional and domiciliary service to the people."

## State Accounts in the Unemployment Trust Fund in 1946

In 1946, employment reached record levels, and at the same time withdrawals from the unemployment trust fund were the largest for any year since the beginning of the unemployment insurance program. Rising sharply in early 1945, reconversion unemployment reached its peak toward the end of that year and the beginning of 1946 and then declined fairly steadily during the remainder of 1946. In these 2 years the States withdrew a total of \$1.6 billion from the fund for the payment of unemployment benefits; \$500 million was withdrawn in 1945 and \$1.1 billion in 1946. In the latter year the aggregate withdrawals by all States combined exceeded their combined deposits; as a consequence, the total of balances in all State accounts declined. Interest earned on the fund's holdings of Government securities, however, reduced the excess of outgo over income to only \$40 million. At the end of 1946, an aggregate of \$6,825 million was available in State accounts in the fund for payment of benefits.

Balances in individual State accounts at the end of the year showed the usual wide range—from \$6 million in North Dakota's account to \$975 million in New York's (table 6). Twenty-two of the States had less than \$50 million in their accounts. The large industrial States of New York, California, Pennsylvania, Ohio, Illinois, and New Jersey had balances

of more than \$400 million, and Michigan had the next largest amount—\$209 million. These 7 States account for more than half the workers covered by unemployment insurance, and their balances represented more than half of all State balances in the fund at the end of 1946.

There was also considerable variation among States with respect to the changes in their balances during the year. Declines occurred in only 17 State accounts, but those declines amounted to \$170 million, while the increases in 34 State accounts totaled only \$130 million. Almost all the States with balances of less than \$50

million were in the group whose accounts increased. Six of the 7 large States mentioned above were among the group whose balances declined.

The largest decline, both absolute and relative, occurred in Michigan's account, which decreased by \$33 million or 14 percent. Illinois' balance dropped by \$24 million or 5 percent, California's by \$20 million, and Pennsylvania's by \$19 million. Reductions of \$18 million in the account of the State of Washington and of \$14 million in that of Massachusetts also were larger than the average decline.

The predominantly industrial States generally devoted a higher propor-

Table 7.—Relation of balance in unemployment trust fund to withdrawals from the fund, number of workers in covered employment, and value of war contracts, by State <sup>1</sup>

State	Rank according to—				War industry pay rolls as percent of State income payments, 1944 <sup>4</sup>
	Balance in unemployment trust fund as of Dec. 31, 1946	Average monthly covered employment, 1946 <sup>2</sup>	Value of war contracts <sup>3</sup>	Withdrawals from unemployment trust fund, 1946	
New York.....	1	1	1	1	13
California.....	2	4	3	2	19
Pennsylvania.....	3	2	5	3	24
Ohio.....	4	5	4	7	34
Illinois.....	5	3	6	6	32
New Jersey.....	6	8	7	4	32
Michigan.....	7	6	2	5	45
Massachusetts.....	8	7	11	9	20
Wisconsin.....	9	12	14	24	24
Connecticut.....	10	13	9	13	40
Indiana.....	11	10	8	11	32
Texas.....	12	9	10	15	10
Missouri.....	13	11	15	12	14
Washington.....	14	15	13	8	21
North Carolina.....	15	14	24	31	5
Maryland.....	16	16	12	10	24
Minnesota.....	17	18	23	22	11
Kentucky.....	18	25	31	25	9
Tennessee.....	19	17	25	17	13
Georgia.....	20	19	18	20	10
Louisiana.....	21	22	29	18	10
Rhode Island.....	22	31	27	19	21
West Virginia.....	23	23	32	21	13
Virginia.....	24	20	17	27	8
Oregon.....	25	27	21	14	20
Iowa.....	26	26	29	30	8
Florida.....	27	24	26	29	8
Alabama.....	28	21	19	16	16
Kansas.....	29	30	16	23	15
District of Columbia.....	30	33	44	35	( <sup>5</sup> )
South Carolina.....	31	28	33	34	1
Colorado.....	32	34	34	40	6
Oklahoma.....	33	29	22	20	19
Maine.....	34	35	28	28	16
Mississippi.....	35	35	35	38	5
Arkansas.....	36	32	36	33	3
Utah.....	37	39	37	32	4
Nebraska.....	38	37	30	36	6
New Hampshire.....	39	34	38	42	6
Montana.....	40	42	47	41	3
Arizona.....	41	40	40	39	7
Idaho.....	42	43	45	44	1
Vermont.....	43	45	42	43	12
Delaware.....	44	41	39	37	29
New Mexico.....	45	44	43	48	1
Nevada.....	46	49	41	45	8
Wyoming.....	47	46	46	49	( <sup>5</sup> )
South Dakota.....	48	47	48	49	( <sup>5</sup> )
North Dakota.....	49	48	49	46	( <sup>5</sup> )

<sup>1</sup> Excludes Alaska and Hawaii; data not available for war contracts or war industry pay rolls.

<sup>2</sup> Data corrected to Mar. 18, 1947, from the Bureau of Employment Security.

<sup>3</sup> Awards through June 1945, from the War Production Board.

<sup>4</sup> Survey of Current Business, August 1946, p. 19.

<sup>5</sup> Less than 0.5 percent.

tion of their productive capacity to the manufacture of war goods than did the smaller States and thus were subject to heavier reconversion un-

employment, which subsequently was reflected in withdrawals for benefits from the unemployment trust fund. One measure of the extent to which

the various States were engaged in war work was the dollar value of the contracts awarded by the Federal Government for war supplies and fa-

Table 8.—Status of the unemployment trust fund, by specified period, 1936-47

[In thousands]

Period	Total assets at end of period	Net total of U. S. Government securities acquired <sup>1</sup>	Unexpended balance at end of period	State accounts				Railroad unemployment insurance account			
				Deposits	Interest credited	Withdrawals <sup>2</sup>	Balance at end of period	Deposits	Interest credited	Benefit payments	Balance at end of period <sup>3</sup>
Cumulative, January 1936-March 1947	\$7,683,489	\$7,654,000	\$29,489	\$10,245,980	\$666,235	\$4,061,840	\$6,851,429	\$715,374	\$55,185	\$101,412	\$832,060
Fiscal year:											
1944-45	7,315,258	1,437,173	8,084	1,256,003	113,140	70,492	6,679,108	118,794	10,502	785	636,150
1945-46	7,449,120	101,827	40,120	1,009,909	130,373	1,128,720	6,690,672	116,214	13,220	17,197	758,448
9 months ended:											
March 1945	6,914,989	1,041,000	3,989	925,710	55,960	48,779	6,313,317	89,465	5,171	539	601,672
March 1946	7,425,962	71,010	47,779	761,783	69,174	818,166	6,691,900	87,855	6,807	6,716	734,062
March 1947	7,683,489	245,000	29,489	695,727	68,379	604,349	6,851,429	96,688	7,917	30,596	832,060
1946											
March	7,425,962	-80,000	47,779	7,780	3,705	130,100	6,691,900	27,964	368	2,673	734,062
April	7,352,437	-80,000	54,253	39,431	383	110,207	6,621,507	49	40	3,258	730,930
May	7,439,485	85,000	56,302	108,765		109,380	6,710,892	751		3,119	728,503
June	7,449,120	25,816	40,120	9,930	60,816	90,966	6,690,672	27,559	6,374	4,094	758,448
July	7,409,916	-50,000	50,916	40,043	25	83,915	6,646,825	58	3	4,744	763,091
August	7,535,267	135,000	41,267	207,952		80,418	6,774,359	740		2,924	760,907
September	7,515,467	-5,000	26,467	8,377	3,434	59,870	6,726,301	31,616	375	3,733	789,166
October	7,491,752	-25,000	27,752	42,045	161	62,357	6,706,150	1,043	18	3,794	785,062
November	7,591,949	100,000	27,949	154,350		51,620	6,808,880			3,576	783,069
December	7,585,255		21,255	16,824	4,903	55,367	6,774,940	31,299	522	4,507	810,315
1947											
January	7,600,624	15,000	30,624	37,189	56,708	70,436	6,798,401	28	6,597	5,756	811,223
February	7,714,173	100,000	35,173	173,982		65,416	6,907,967	1,022		5,132	806,206
March	7,683,489	-25,000	29,489	14,964	3,449	74,950	6,851,429	30,758	401	5,342	832,060

<sup>1</sup> Includes accrued interest; minus figures represent net total of securities redeemed.

<sup>2</sup> Includes transfers from State accounts to railroad unemployment insurance account amounting to \$107,067,000.

<sup>3</sup> Includes transfers from railroad unemployment insurance administration fund amounting to \$56,864,000.

<sup>4</sup> Includes withdrawals by California of \$200,000 for disability insurance benefits.

Source: Daily Statement of the U. S. Treasury.

Table 9.—Status of the old-age and survivors insurance trust fund, by specified period, 1937-47

[In thousands]

Period	Receipts		Expenditures		Assets			
	Transfers and appropriations to trust fund <sup>1</sup>	Interest received	Benefit payments	Administrative expenses <sup>2</sup>	Net total of U. S. Government securities acquired <sup>3</sup>	Cash with disbursing officer at end of period	Credit of fund account at end of period	Total assets at end of period
Cumulative, January 1937-March 1947	\$9,301,670	\$739,724	\$1,413,114	\$220,474	\$8,318,734	\$48,306	\$40,766	\$8,407,806
Fiscal year:								
1944-45	1,309,919	123,854	239,834	26,950	1,137,411	35,062	32,007	6,613,381
1945-46	1,238,218	147,766	320,510	37,427	1,002,453	49,167	43,527	7,641,428
9 months ended:								
March 1945	948,556	18,859	172,812	19,840	744,964	32,256	35,065	6,221,155
March 1946	901,887	41,325	228,898	25,869	678,143	46,509	30,893	7,301,825
March 1947	1,042,155	63,446	309,119	30,104	770,000	48,306	40,766	8,407,806
1946								
March	18,367	9,242	28,589	3,309	180,000	46,509	30,893	7,301,825
April	60,752	26	29,545	3,853	-5,000	47,925	61,857	7,329,206
May	268,945		30,855	3,853		48,037	295,982	7,503,443
June	6,634	106,415	31,212	3,853	329,310	49,167	43,527	7,641,428
July	62,317		33,333	990		56,133	64,548	7,699,416
August	284,945		34,553	3,690		52,528	313,966	7,915,528
September	8,339	9,242	33,407	2,890	290,000	56,622	1,456	7,896,812
October	69,952	60	33,832	3,679	-10,000	46,303	54,273	7,929,310
November	276,193		33,529	3,268		44,652	295,320	8,168,707
December	7,185	11,238	33,587	3,741	250,000	51,845	19,222	8,149,801
1947								
January	42,263	33,665	34,164	4,019		52,393	56,420	8,187,547
February	268,193		35,574	3,905		51,597	283,920	8,414,252
March	25,377	9,242	37,138	3,927	240,000	48,306	40,766	8,407,806

<sup>1</sup> Beginning July 1940, trust fund appropriations equal taxes collected under the Federal Insurance Contributions Act.

<sup>2</sup> Represents salary payments of the Bureau of Old-Age and Survivors Insurance, which beginning July 1946 are paid directly from the fund, and reimbursements to the Treasury for other administrative expenses in connection with

administering old-age and survivors insurance; before July 1946, salaries of the Bureau of Old-Age and Survivors Insurance were included with reimbursements.

<sup>3</sup> Includes accrued interest; minus figures represent net total of securities redeemed.

Source: Daily Statement of the U. S. Treasury.



cilities within each State. Another measure is the ratio of pay rolls in war industries to total income payments in each State. In the United States as a whole, pay rolls in war industries represented approximately 20 percent of total income payments during 1943 and 1944, the years in which this ratio was highest. The ratio for 1944 (19 percent) was either met or exceeded in 15 States, but in another 22 States war industries accounted for less than 10 percent of income payments. Included among the former group of 15 States were 6 of the 7 large industrial States mentioned above, whose balances (except for Ohio) declined during the year. The other 9 States were Connecticut, Delaware, Indiana, Maryland, Massachusetts, Oregon, Rhode Island, Washington, and Wisconsin. The majority of the less populous States whose accounts increased during 1946 were in the group whose pay rolls in war industries were less than 10 percent of total income payments.

In table 7, the States are ranked by the size of their accounts in the fund at the end of 1946, average monthly covered employment in 1945, war contracts awarded through June 1946, and withdrawals from the unemployment trust fund during 1946.

In Michigan, pay rolls in war industries in 1944 represented 45 percent of all income payments, by far the highest proportion for any State. Michigan ranked second in the dollar value of war contracts awarded and sixth in covered employment, and it had the seventh largest account in the fund at the start of 1947. It made the largest withdrawals (\$84 million) of any State in 1945, ranked fifth in withdrawals (\$76 million) in 1946, and suffered the largest decline in its account in 1946.

New York ranked first in covered employment, contracts awarded, size of trust account, and withdrawals from the fund in 1946. New York's war-industry pay rolls, however, represented only 13 percent of its total income in 1944, and its account declined during 1946 by only 1 percent (\$8 million).

California withdrew \$156 million from its account in 1946, the second largest sum. It ranked third in contracts received, and war-industry pay rolls represented 19 percent of

Table 10.—Contributions and taxes under selected social insurance and related programs by specified period, 1944-47

[In thousands]

Period	Retirement, disability, and survivors insurance			Unemployment insurance		
	Federal insurance contributions <sup>1</sup>	Federal civil-service contributions <sup>2</sup>	Taxes on carriers and their employees	State unemployment contributions <sup>3</sup>	Federal unemployment taxes <sup>4</sup>	Railroad unemployment insurance contributions
Fiscal year:						
1944-45.....	\$1,309,919	\$486,719	\$285,038	\$1,251,958	\$184,544	\$131,993
1945-46.....	1,238,218	528,049	282,610	1,009,091	179,930	129,126
9 months ended:						
March 1945.....	948,556	413,609	214,945	920,622	167,787	99,406
March 1946.....	901,887	461,436	210,729	761,253	164,302	97,616
March 1947.....	1,042,155	414,687	253,252	693,059	168,005	107,431
1946						
March.....	18,367	21,198	64,561	3,697	13,576	31,083
April.....	60,752	21,690	1,349	107,107	3,014	54
May.....	288,945	22,049	5,293	135,903	11,174	834
June.....	6,634	22,872	65,240	5,828	1,440	30,622
July.....	62,317	244,223	2,257	95,266	2,245	65
August.....	284,345	23,617	7,617	154,956	9,998	786
September.....	8,339	20,234	75,540	5,510	1,145	35,164
October.....	69,952	16,410	2,137	92,835	2,213	138
November.....	276,193	23,754	4,720	110,690	9,325	1,159
December.....	7,185	23,028	77,772	10,097	789	34,776
1947						
January.....	42,263	21,551	1,499	91,516	14,399	29
February.....	266,183	21,218	4,927	125,902	115,847	1,137
March.....	25,377	20,653	76,784	6,286	12,043	34,175

<sup>1</sup> Represents contributions of employees and employers in employment covered by old-age and survivors insurance.

<sup>2</sup> Represents employee and Government contributions to the civil-service, Canal Zone, and Alaska Railroad retirement and disability funds; in recent years Government contributions are made in July for the entire fiscal year.

<sup>3</sup> Represents deposits in State clearing accounts of contributions plus penalties and interest collected from employers and, through April 1946, contributions from employees in 4 States; employee contributions beginning May 21, 1946, in California and

beginning July 1, 1946, in Rhode Island are deposited in the respective State sickness insurance funds. Data reported by State agencies; corrected to May 1947.

<sup>4</sup> Represents taxes paid by employers under the Federal Unemployment Tax Act.

<sup>5</sup> Represents July contributions of \$21.5 million from employees, and contributions for fiscal year 1946-47 of \$22.5 million from the Federal Government and of \$1.2 million from the District of Columbia for certain District Government employees.

Source: *Daily Statement of the U. S. Treasury*, unless otherwise noted.

all income payments. The State ranked fourth in the number of covered workers, and second in the size of the account, which declined by \$20 million or 3 percent in 1946.

Pennsylvania ranked third in the amount withdrawn from the fund and fifth in contracts received, while almost one-fourth of its income payments consisted of pay rolls in war industries. The State's account declined by \$19 million or 3 percent in 1946.

Almost one-third of New Jersey's total income payments were in the form of war-industry pay rolls, and the State ranked fourth in withdrawals during 1946. Its account, however, fell off by only \$2 million during that year. Although Ohio's war-industry pay rolls also were about one-third of all income payments and the State ranked seventh in withdrawals for unemployment insurance, its account showed an increase of 3 percent by the end of 1946.

In both Washington and Oregon, about one-fifth of the income payments consisted of war-industry pay rolls, and both States withdrew more from their accounts in the trust fund than they paid in during the year.

Almost all States that had a ratio of war-industry pay rolls to total income payments in 1944 of less than 10 percent, showed increases in their accounts at the end of 1946. These States also, however, were obliged to make considerably larger withdrawals from their accounts than in the preceding year as a result of reconversion unemployment. The only State in the country that did not withdraw more from its account than in 1945 was Michigan, whose withdrawals declined about 10 percent. Large-scale reconversion unemployment appeared earlier there than in the other States, causing withdrawals to reach their peak in 1945 rather than in 1946.

At the same time that withdrawals

were increasing, State deposits in the fund during 1946 declined in approximately three-fourths of the States. In the other States, with one notable exception, the increases were confined chiefly to the smallest States; the ex-

ception is Pennsylvania, whose deposits increased by about two-tenths of 1 percent over those in 1945, but whose withdrawals also increased by almost 200 percent, causing the balance in its account to decline.

## Recent Publications in the Field of Social Security\*

### Social Security Administration

SHUDE, LOUIS O., and IMMERWAHR, GEORGE E. *Old-Age and Survivors Insurance, Analysis of Long-Range Cost Factors*. Washington: Office of the Actuary, 1946. 138 pp. Processed. (Actuarial Study No. 21.)

The purpose of the study is to furnish a general framework for a better understanding of the cost factors in old-age and survivors insurance. An outline of the coverage and benefit structure and the exclusions from the OASI system is followed by an analysis of demographic factors and a consideration of the many cost elements, among them employment and unemployment, wages, and interest rates. Limited free distribution; apply to the Office of the Actuary, Social Security Administration, Washington 25, D. C.

### General

ARNOLD, SAM. "Forward Shifting of, a Payroll Tax Under Monopolistic Competition." *Quarterly Journal of Economics*, Cambridge, Mass., Vol. 61, Feb. 1947, pp. 267-284. \$1.25.

Analysis of the extent to which the incidence of pay-roll taxes can be shifted and the conditions under which the shift can be made.

BALL, ROBERT M. *Social Security Reading List, 1947*. Washington: American Council on Education, Committee on Education and Social Security, 1947. 40 pp. 50 cents.

CHARNOW, JOHN J. "The International Children's Emergency Fund." *Department of State Bulletin*, Washington, Vol. 16, Mar. 16, 1947, pp. 466-470 f. 15 cents.

\*The inclusion of prices of publications in this list is intended as a service to the reader, but any orders must be directed to publishers and booksellers and not to the Social Security Administration or the Federal Security Agency. Federal publications for which prices are listed should be ordered from the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C.

Describes the Fund's organization and aims.

COUNCIL OF STATE GOVERNMENTS. COMMITTEE ON STATE-LOCAL RELATIONS. *State-Local Relations; Report of the Committee . . .* Chicago: The Council, 1946. 228 pp. \$3.

An evaluation of the administrative, fiscal, and legal relationships of State and local governments, with suggestions for improved practices.

"Economic and Social Council; Achievements of the Fourth Session." *United Nations Weekly Bulletin*, Lake Success, N. Y., Vol. 2, Apr. 8, 1947, pp. 343-361. 15 cents.

Summarizes the discussions and the resolutions adopted.

GOLDSCHMIDT, PAUL. "The Belgium Social Security Scheme." *International Labour Review*, Montreal, Vol. 55, Jan.-Feb. 1947, pp. 46-61. 50 cents.

A survey, by the Director-General of the Social Security Office, of the scope, contributions, benefits, and administration of the new social security program which came into effect on January 1, 1945. The system covers old-age pensions, sickness and invalidity insurance, unemployment insurance, and family allowances.

HIRSCHFELD, GERHARD. *Economic Security in the United States*. Chicago: Research Council for Economic Security, 1947. 20 pp. (Publication No. 12.)

Data on the amount of individual savings and investment, private pensions, and commercial insurance.

HOWARD, DONALD S. "Social Welfare Developments Along the International Front." *Social Service Review*, Chicago, Vol. 21, Mar. 1947, pp. 35-54. \$1.25.

A survey of accomplishments and an analysis of problems remaining in the development of relief and welfare programs and of provisions for displaced persons.

LATHAM, EARL. *The Federal Field Service; an Analysis With Sugges-*

*tions for Research*. Chicago: Public Administration Service, 1947. 70 pp. \$1.50.

A discussion indicating fields for research in problems of organization and structure, management of administrative services and controls, and personnel administration in the Federal field service.

LOFGREN, EVERETT E. *Ten Years of Social Security and Unemployment Compensation*. Helena, Mont.: The Author, 1946. 43 pp. \$1.

Analysis of the provisions and operation of the social security program with particular reference to Montana. Includes suggestions for changes.

NATIONAL INDUSTRIAL CONFERENCE BOARD. *Union Health and Welfare Plans; a Symposium on Evolution and Problems, Operation and Experience*. New York: The Board, 1947. 48 pp. (Studies in Business Economics No. 8.) 50 cents.

Includes Economic Consequences and Implications, by Leo Wolman; Long-Range Actuarial Aspects, by R. A. Hohaus; Social Security and Welfare Funds, by Arthur J. Altmeier; Medical Problems of Health Insurance, by Iago Galdston; Types of Benefits and Methods of Funding, by Herman A. Gray; Actuarial and Administrative Problems, by M. F. Lipton.

OKEY, RUTH; LUCK, MARY GORRINGE; and BODENHAMER, GRACE. *Food for Four Income Levels*. Berkeley, Calif.: University of California Press, 1946. 45 pp. Processed. 75 cents.

One of the series on family budgets prepared by the Heller Committee.

RUSSELL, HOWARD L. "Trends in Social Security." *Michigan Welfare Review*, Lansing, Vol. 4, July-Sept. 1946, pp. 1-9.

Review of present provisions and current planning in the social insurance and assistance programs.

### Old-Age and Survivors Insurance

CLARK, K. RAYMOND. *Profit Sharing and Pension Plans (Law and Taxes)*. New York: Commerce Clearing House, 1946. 416 pp.

Analysis of legal and tax problems as they affect the employer, the trust, and the employees.

ILLINOIS. PUBLIC EMPLOYEES PENSION LAWS COMMISSION. *Report . . .* Springfield: The Commission, 1947. 166 pp.

A study of the various pension, annuity, and benefit-fund laws for employees and officials in the Illinois

Government service and the commission's recommendations for strengthening and unifying the public pension system.

**KENDRICK, BENJAMIN B.** "World War II Veterans Under Old-Age and Survivors Insurance." *American Economic Security*, Washington, Vol. 4, Feb.-Mar. 1947, pp. 16-20. 15 cents. Criticizes as inadequate and inequitable the 1946 amendments concerning the rights of veterans.

**LEWIS, EMMA WEIL.** "A Home of Their Own." *Better Times*, New York, Vol. 28, Mar. 21, 1947, pp. 3-4. 15 cents.

Describes an apartment house project for the aged which affords care and supervision yet allows individual freedom.

**WINSLOW, C. MORTON.** *Profit Sharing and Pension Plans (Practical Planning and Administration)*. New York: Commerce Clearing House, 1946. 272 pp.

A companion volume to the book by Clark, noted above, designed as a guide to the formation, installation, and administration of profit-sharing and pension plans.

### Employment Security

"The Guaranteed Wage." *Fortune*, New York, Vol. 35, Apr. 1947, pp. 120-123 f. \$1.

An appraisal of experience with guaranteed wage plans and comments on the report prepared by Murray Latimer.

**HANSEN, ALVIN H.** *Economic Policy and Full Employment*. New York: McGraw-Hill Book Company, Inc., 1947. 340 pp. \$4.

Introductory chapters dealing with inflation, general problems of economic and social planning, and measurement of national income and demand are followed by an outline of employment programs in England, Canada, Australia, Sweden, and the United States. The author then considers the basic policies necessary for full employment in this country and presents a critique of various related proposals. The final section deals with the problems of managing a full-employment economy.

**THOMPSON, CAREY C.** "Experience Rating in the Texas Unemployment Compensation Program." *Southwestern Social Science Quarterly*, Austin, Tex., Vol. 27, Mar. 1947, pp. 311-330. 75 cents.

An evaluation of experience rating in Texas which concludes that "... it has served little purpose beyond that of tax reduction."

### Public Welfare and Relief

**AMERICAN PUBLIC WELFARE ASSOCIATION. COMMITTEE ON WELFARE POLICY.** "Objectives for Public Welfare Legislation—1947." *Public Welfare*, Chicago, Vol. 5, Apr. 1947, pp. 75-80. 50 cents.

An interpretation of the objectives contained in the association's 12-point platform on Federal public welfare legislation.

**BERMAN, JULES H., and JACOBS, HASKELL C.** "Legislative Changes in Public Assistance and in Related Programs for 1946." *Public Welfare*, Chicago, Vol. 5, Apr. 1947, pp. 84-89. 50 cents.

A survey of State legislation.

**COMMITTEE FOR KENTUCKY.** *A Report on Public Welfare*. Louisville: The Committee, 1946. 30 pp.

Information on public welfare in Kentucky—amount, administration, and financing—with suggestions for improving the program.

"Direct Payment and Other Developments in the Evolution of the Medical Assistance Program in Illinois." *Public Aid in Illinois*, Springfield, Vol. 14, Mar. 1947, pp. 1-5 f.

Discusses the development of the program and present policies regarding payment for medical care for public assistance recipients.

**HURLIN, RALPH G.** *Scheduled Salaries for Social Work Positions in Hospitals in New York City, December 1946*. New York: Russell Sage Foundation, 1947. 42 pp. 40 cents.

**JOHNS, RAY.** *The Co-operative Process Among National Social Agencies*. New York: Association Press, 1946. 290 pp. \$3.

"Analyzes the inter-agency experience of certain national voluntary social welfare organizations; examines factors which affect their readiness to enter into co-operative activities and services; seeks to identify the principles and methods involved . . ."

**MOONEY, EDWARD A.** "Flexibility Characterizes Aid to Aged." *Welfare Reporter*, (New Jersey Department of Institutions and Agencies), Trenton, Vol. 1, Apr. 1947, pp. 6-7.

Comments on the individualized budget program, which permits more adequate provision for old-age assistance recipients.

**PIERCE, RUTH.** "Medical Care in Public Assistance." *Public Welfare*, Chicago, Vol. 5, Apr. 1947, pp. 81-88 f. 50 cents.

Describes the Nebraska medical care program, which was made pos-

sible by allowing larger maximum grants for recipients of public assistance.

**SOSKIS, PHILIP.** "The Client Has Rights." *Better Times*, New York, Vol. 28, Mar. 21, 1947, pp. 9-10 f. 15 cents.

Discusses the rights of the person receiving assistance and emphasizes the need for protecting these rights.

**U. S. ARMY SERVICE FORCES. OFFICE OF DEPENDENCY BENEFITS.** *Annual Report of the Office of Dependency Benefits for the Fiscal Year 1946*. Newark, N. J.: The Office, 1947. 48 pp.

Description and statistics on the number of recipients and amount of aid.

**UTAH FOUNDATION.** *Public Welfare in Utah*. Salt Lake City: The Foundation, 1946. 57 pp. Processed. (Surveys of Utah Government No. 7.) \$1.

A survey of public welfare laws and regulations and an analysis of the program's revenues and expenditures. Includes a comparison of the Utah system with those of other States.

**WAGNER, MARGARET W.** "A Plea for the Older Client." *Journal of Social Casework*, New York, Vol. 28, Apr. 1947, pp. 149-153. 35 cents.

Discusses the principles and quality of case work with the aged.

"What Is Public Assistance?" *Pennsylvania Public Assistance Review*, Harrisburg, Dec. 1946, pp. 1-22.

An annual review which describes "the circumstances surrounding an individual's need for assistance, the amount of aid provided, and certain areas in which the present program falls short of meeting reasonable needs."

**WISCONSIN. STATE DEPARTMENT OF PUBLIC WELFARE.** *Aid to Totally and Permanently Physically Disabled Persons in Wisconsin*. Madison: The Department, 1947. 8 pp. Processed.

A report prepared by the Division of Public Assistance on the number and characteristics of physically disabled persons receiving aid in Wisconsin and an estimate of the effect on the case load if coverage under this program were extended to groups now excluded.

**WISCONSIN. STATE DEPARTMENT OF PUBLIC WELFARE.** *Chronic Disability Among Adult Public Assistance Recipients in Wisconsin and the Need for Congregate Care Facilities*. Madison: The Department, 1947. 12 pp. Processed. Data obtained from a survey made

by the Division of Public Assistance in October 1946.

### Health and Medical Care

AMERICAN NURSES' ASSOCIATION. NURSING INFORMATION BUREAU. *Facts About Nursing, 1946*. New York: The Bureau, 1946. 112 pp. 35 ccnts.

Data on the number of nurses, their education, salaries, hours of work, fields of nursing, and related information.

ARESTAD, F. H., and WESTMORELAND, M. G. "Hospital Service in the United States." *Journal of the American Medical Association*, Chicago, Vol. 133, Apr. 12, 1947, pp. 1065-1154. 25 cents.

The 1946 report, prepared by the Council on Medical Education and Hospitals of the American Medical Association.

BARKER, ROGER G.; WRIGHT, BEATRICE A.; and GONICK, MOLLIE R. *Adjustment to Physical Handicap and Illness: A Survey of the Social Psychology of Physique and Disability*. New York: Social Science Research Council, 1946. 372 pp. (Bulletin 55, 1946.) \$2.

Brings together what is known in this field and points out problems for investigation on the "relation between social behavior and personality and normal and pathological variations in physical size, strength, motor ability, sensory acuity and health."

BROBERG, ROLF. "Den Nya Sjukför-säkringen." *Folkpensioneringen*, Stockholm, Sweden, Vol. 33, No. 1, 1947, pp. 3-23.

An analysis of the new Swedish health insurance law.

CLARK, DEAN A. "Voluntary Insurance for Comprehensive Medical Service." *Public Affairs*, Halifax, Nova Scotia, Vol. 10, Mar. 1947, pp. 91-94. 30 cents.

Describes the Health Insurance Plan of Greater New York.

DICKINSON, FRANK G. "Medical Service Areas in the United States." *Journal of the American Medical Association*, Chicago, Vol. 133, Apr. 5, 1947, pp. 1014-1015. 25 cents.

An account of a study undertaken by the Bureau of Medical Economic Research of the AMA to map out medical service areas for the United States. The areas are based on geographical retail-trade areas rather than on county units.

HAWAII HOSPITAL SERVICE STUDY

COMMISSION. *Report*. Honolulu: The Commission, 1947. 151 pp. Processed.

Part I is the commission's report of findings and recommendations; Part II, an appendix of supporting data and digests; Part III, a draft bill incorporating the recommendations of the commission.

"The Health Department and Medical Care." *American Journal of Public Health*, New York, Vol. 37, Mar. 1947, pp. 253-277. 50 cents.

Papers presented at the 1946 annual meeting of the American Public Health Association which discuss the part played by the health departments in the United States and Canada in providing medical care and health services. The papers include Responsibility of the Health Officer in a Medical Care Program, by F. W. Jackson; Maryland Medical Care Program, by Dean W. Roberts; Group Practice in Preventive Medicine, by Dean A. Clark; Certain Trends, by John B. Grant.

JONES, E. CLAYTON. "State Medical Service in Britain." *Public Affairs*, Halifax, Nova Scotia, Vol. 10, Mar. 1947, pp. 94-97. 30 cents.

Describes the organization of the new service.

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PARRAN, THOMAS. "Hospitals and the Health of the People." *Journal of the American Medical Association*, Chicago, Vol. 133, Apr. 12, 1947, pp. 1047-1049. 25 cents.

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*Employment Security Activities*. Bureau of Employment Security. Monthly. Processed.

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*Comparative Statistics of General Assistance Operations of Public Agencies in Selected Large Cities*. Bureau of Public Assistance. Monthly. Processed.

*Reasons for Opening Cases for Assistance*. Bureau of Public Assistance. Quarterly. Processed.

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*Principles Underlying Labor-Dispute Disqualification*. Bureau of Employment Security.

*Principles Underlying the Prevailing Conditions of Work Standards*. Bureau of Employment Security. Processed.

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*Public Assistance Developments Set New Goals for Staff Training*. Bureau of Public Assistance.

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*State Responsibility for Definiteness in Assistance Standards*. Bureau of Public Assistance. Processed.

*Social Insurance Financing in Relation to Consumer Income and Expenditures*. Bureau of Research and Statistics. 45 cents.

Pamphlets explaining the social security programs and the rights of individuals under these programs are available in limited quantities from the Administration's regional and field offices or from Informational Service, Social Security Building, Washington 25, D. C.

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